

The Modern Hospital

OCTOBER 1956

How Not to Plan and Build a Hospital
American Hospital Association Convention (p. 49)
Statewide Hospital Fire Safety Program
Nurses' Time Saved by Delayed-Action Medications
Beginning a New Series of Prototype Studies
Overcoming the Nurse Shortage



NURSES' STATION IN NEW WING OF BAPTIST MEMORIAL HOSPITAL, MEMPHIS, TENN. (Page 51)

In Temperature Control



St. Elizabeth Hospital
Boston, Massachusetts



EXPERIENCE- *Johnson Experience -* Makes the BIG Difference

Unlike most other types of buildings, your hospital involves an exceptional variety of temperature and humidity regulation problems. Your temperature control system must be capable of satisfying such varied needs as those of operating rooms, laboratories, therapy rooms, patients' rooms, offices and many others.

Add to these problems the many different methods used for heating, ventilating and air conditioning, the variations in makes of equipment used, plus differences in climate, building sizes and types of construction, and you begin to appreciate the kind of *specialized* experience it takes to engineer a successful, economical hospital control system.

Johnson has this kind of experience! In fact, more specialized experience than anyone else!

The value of Johnson experience is best demonstrated by the continued votes of approval cast by the nation's leading hospitals, small and large. At St. Elizabeth's in Boston, for example, the first Johnson Control System was installed in 1913. Since then, Johnson engineers have been called on to solve an ever increasing number of heating and air conditioning control problems. Last year it was the Diagnostic and Rehabilitation Center; in 1954, it was

underground rooms in the large tunnel system; in 1953, the X-ray Department . . . and so on back through over four decades of expansion and modernization.

To you, this unmatched experience means that no matter what your control problems are, Johnson has successfully solved the same problems for countless other hospitals. Equally important, it means far lower heating and cooling costs because Johnson engineers know and use every means of providing efficient, waste-free operation of your heating, ventilating and air conditioning equipment.

Take advantage of Johnson experience. An engineer from a nearby branch will gladly give you his recommendations without obligation. Johnson Service Company, Milwaukee 1, Wisconsin. Direct Branch Offices in Principal Cities.

JOHNSON CONTROL
SINCE  1885

PLANNING • MANUFACTURING • INSTALLING

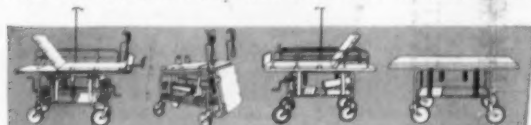


ST. LUKE'S SAVES ITS PATIENTS THOUSANDS OF TRANSFERS YEARLY WITH HAUSTED EQUIPMENT

"By placing patients on one of our 12 Hausted Wheel Stretchers when they are admitted to the emergency department, we save thousands of patient transfers annually. Patients remain on the stretchers during examination and treatment until they are placed on beds or released," reports Mr. Kenneth J. Shoos, Superintendent of the Saint Luke's Hospital of Cleveland.

Experience with HAUSTED equipment at St. Luke's Hospital is duplicated everywhere. Patients are placed on HAUSTED stretchers in receiving, then taken to emergency for treatment, on to X-Ray, or surgery, and finally to their beds — all on one stretcher — thus saving patients and staff needless transfers.

With HAUSTED Easy-Lift Slide and Tilt stretchers.



EASY LIFT CONVER-TABLE STANDARD ECONOMY

even a small nurse can, with the turn of a crank, transfer the heaviest patient to bed with ease and safety. Only HAUSTED offers such a large selection of accessories that add to better patient care: Mechanical Height Adjustment Lift, Power Trendelenburg Lift, Shoulder Braces, Special Side Rails, Restraining Straps, Fowler Attachment, Conductive Rubber, Lock and Brake Casters, Arm Rest, Oxygen Tank Holder, Foot and Head Boards, Knee Crutches, Leg Holders and Stirrups.

Ask for a demonstration of HAUSTED stretchers. You'll see their versatility . . . and the complete line of useful accessories. For detailed literature write to . . .

HAUSTED MANUFACTURING COMPANY, Medina, Ohio

The Modern Hospital

VOLUME 87, NO. 4

OCTOBER

1956

ADMINISTRATION

A.H.A. Convention Digest.....	49
How Not to Build a Hospital.....	57
JOHN FRENCH ALLEN	
Fire Safety Becomes an Affair of State.....	61
SISTER M. INNOCENTIA and SISTER M. ALOYSIUS ANN	
In Connecticut They All Work Together to Find a Solution to the Nursing Shortage.....	65
HIRAM SIBLEY	
Circular Units Serve a Useful Function.....	68
GEORGE S. HOLDERNESS	
Don't Preach Work Simplification Unless You Expect to Practice It.....	71
STANLEY A. FERGUSON and CHARLES B. WOMER	
This Is One Way to Control Food Costs.....	74
R. MARK STANTON	
The Administrator's Business Is People.....	79
EDITH M. LENTZ	
The Modern Hospital of the Month.....	81
Prototype Study: 25 Bed Hospital.....	87
LOUIS BLOCK, Dr.P.H.	

MEDICINE AND PHARMACY

New Technic of Administering Medications.....	98
E. GREY GOOBY and DAVID R. TURNBULL	
The Effects of Adrenocortical Activity Upon Thyroid Function.....	104
NOTES and ABSTRACTS	

FOOD AND FOOD SERVICE

Hotel Catering Succeeds in a Hospital.....	114
CURTIS W. MAUNDER	
Food for Thought.....	118
Menus for November 1956.....	122
JACQUELINE ANN DILGER	

MAINTENANCE AND OPERATION

How to Make the Fire Program Effective.....	124
ROBERT W. WALKER	

HOUSEKEEPING

A Good Surface Is a Floor's Best Friend.....	134
A. BAKER	

REGULAR FEATURES

Among the Authors.....	4	Coming Events.....	190
Roving Reporter.....	6	Occupancy Chart.....	192
Small Hospital Questions.....	47	Classified Advertising.....	203
Wire From Washington.....op.	48	What's New for Hospitals.....	235
About People.....	86	Index of Advertisers.....	opposite 268
News Digest.....	150		

Editor

R. M. CUNNINGHAM Jr.

Technical Adviser

EVERETT W. JONES

Associate Editors

MILDRED WHITCOMB
JANE BARTON

Art Director

EWALD L. WEBER

Publisher

RAYMOND P. SLOAN

Associate Publisher

STANLEY R. CLAGUE

Advertising Director

J. W. CANNON Jr.

Editorial and

Publishing Office

919 N. MICHIGAN AVE.
CHICAGO 11, ILL.

Eastern Office

101 PARK AVE.
NEW YORK 17, N.Y.

Cleveland

Advertising Office

19030 WESTLAKE ROAD
CLEVELAND 16, OHIO

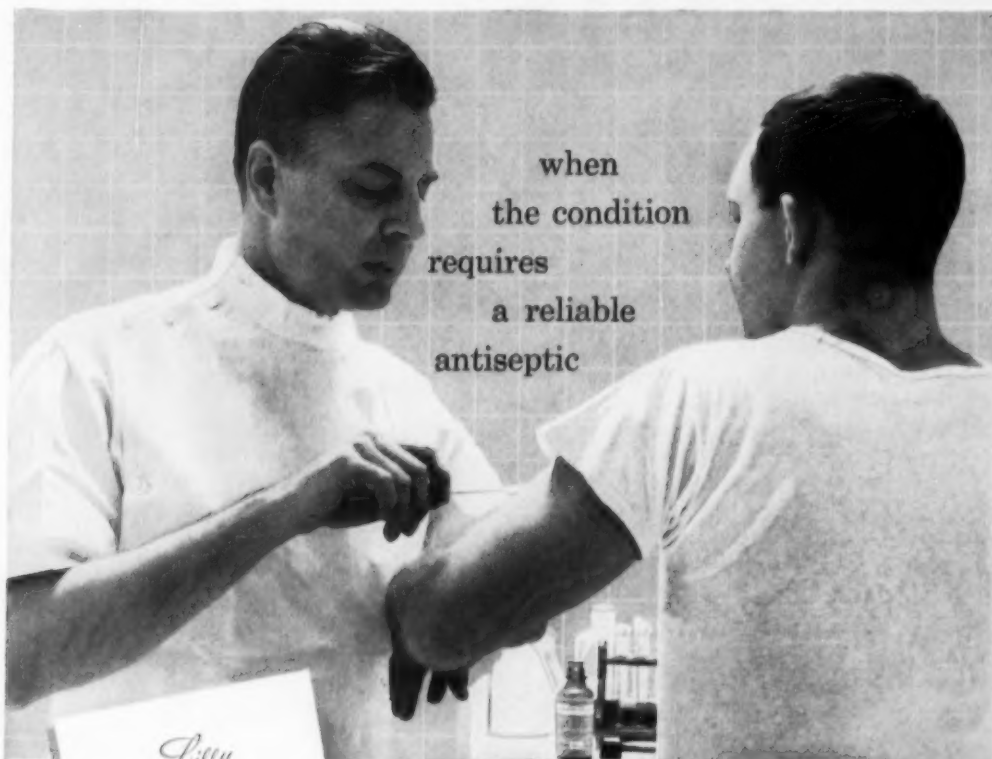
Western States

Advertising Representative

MCDONALD-THOMPSON
LOS ANGELES, SAN FRANCISCO
SEATTLE, DALLAS, HOUSTON
DENVER



Published monthly and copyright © 1956 by The Modern Hospital Publishing Company, Inc., 919 North Michigan Avenue, Chicago 11, Ill., U.S.A. (Cable Address: Modital, Chicago.) Raymond P. Sloan, president; Stanley R. Clague, vice president and secretary; Everett W. Jones, vice president; Peter Ball, vice president; John P. McDermott, treasurer. Subscription price in U.S., U.S. Possessions and Canada \$4 a year and \$6 for two years; elsewhere, \$6 a year and \$10 for two years. Single copies, 50 cents; back copies \$1. Member, Audit Bureau of Circulations, Magazine Publishers' Association. Entered as second-class matter, Oct. 1, 1918, at the post office at Chicago, Ill., under act of March 3, 1879. Printed in U.S.A.



when
the condition
requires
a reliable
antiseptic

specify

'Merthiolate'

(THIMEROSAL, LILLY)

'Merthiolate' is highly active under virtually all conditions; is relatively nonirritating and nontoxic

'Merthiolate' is germicidal in dilutions up to 1:4,000 in serum media and is relatively nonirritating in the concentrations suggested for use. It also maintains its activity in the presence of soaps. The fact that 'Merthiolate' is used as a bacteriostatic agent in fluids for parenteral administration gives strong evidence of its safety.

80TH ANNIVERSARY 1876 • 1956 / ELI LILLY AND COMPANY

AMONG THE AUTHORS

If a new method permits one nurse to do the work of three, it's worth a try, it seemed to officials of Pennsylvania Hospital, Philadelphia. **E. Grey Gooby**, assistant administrator of the hospital, and **David Turnbull**, a member of the supervisory staff of Day & Zimmermann Inc., a Philadelphia management consulting firm,



David Turnbull



E. Grey Gooby

studied the effect of sustained release medication on nursing procedures and report the results in an article appearing on page 98. Mr. Gooby, a nominee of the American College of Hospital Administrators, received his master's degree in hospital administration at Columbia University, and served his administrative residency at Grace Hospital, Detroit. He was appointed assistant administrator at Pennsylvania Hospital in 1952. Mr. Turnbull has had 23 years of industrial engineering experience, specializing in problems of organization, work-measurement, wage and salary administration. A staff member at Day & Zimmermann for 14 years, he received his industrial engineering degree from Pennsylvania State College. Mr. Turnbull is a member of the American Institute of Industrial Engineers.

Administrators have opened their eyes in the last few years to the fact that patients are people, but how about the hospital employee? Let's not leave him out of the human relations picture, says **Edith M. Lentz**, assistant professor and research director of the hospital administration course at the University of Minnesota. She explains this point of view on page 79. Miss Lentz, who received a Ph.D. from Cornell University in June 1955, is the co-author with Dr. Temple Burling and Robert N. Wilson of "The Give and Take in Hospitals," published last spring. She also served as field director of a research study of human relations aspects of hospital organization, conducted under the auspices of the American Hospital Association and directed by Dr. Burling. Prior to her work with the hospital study, she was associated with the University of Chicago's committee on human relations in industry as research assistant.



Edith M. Lentz

The fire emergency and inspection program at the State Tuberculosis Hospital, Paris, Ky., described by **Robert W. Walker** on page 124, has served as a model for the five other state tuberculosis hospitals in Kentucky. Mr. Walker, business manager of the hospital which he helped open in 1950, set up the program in 1951. It proved so successful that all six state tuberculosis hospitals are now using his ideas. Mr. Walker attended Hampden-Sydney College, Hampden-Sydney, Va.



Robert W. Walker

Other authors in this issue include: **John French Allen**, science editor of the *San Francisco Examiner*, whom Modern Hospital readers will remember for his feature and human interest stories. His article on the tragic end of Maimonides Hospital appears on page 57. **George Holderness**, architect of the firm of Eggers & Higgins, discusses the highlights of the proposed hospital at Brookhaven National Laboratory on page 68. **Sister M. Innocentia** and **Sister M. Aloysius Ann** report on the results of a fire school conducted by Lt. Robert McGrath for South Dakota hospitals (p. 61).

EDITORIAL BOARD

Chairman

R. C. BUERKI, M.D.....Detroit

Administration

RICHARD D. VANDERWARKER.....New York

Finance and Accounting

LESLIE D. REID.....Kansas City, Mo.

C. RUFUS ROREM.....Philadelphia

Governmental Hospitals

LUCIUS W. JOHNSON, M.D.....San Diego, Cal.

G. OTIS WHITECOTTON, M.D.....Oakland, Cal.

Hospital Service Plans

E. A. VANSTEENWYK.....Philadelphia

E. DWIGHT BARNETT, M.D.....New York

Mental Hospitals

ROBERT H. FELIX, M.D.....Washington, D.C.

D. EWEN CAMERON, M.D.....Montreal

Nursing

SR. LORETTO BERNARD.....New York

Outpatient Service

E. M. BLUESTONE, M.D.....New York

OLIVER G. PRATT.....Providence, R.I.

Personnel Management

CARL C. LAMLEY.....Topeka, Kan.

GEORGE U. WOOD.....Oakland, Calif.

Planning and Construction

JOHN N. HATFIELD.....Chicago

Professional Relations

MADISON B. BROWN, M.D.....Philadelphia

JOSEPH C. DOANE, M.D.....Philadelphia

Public Relations

J. MILO ANDERSON.....Rochester, N.Y.

JOSEPH G. NORBY.....Milwaukee

University Hospitals

ALBERT W. SNOKE, M.D.....New Haven, Conn.

BASIL C. MACLEAN, M.D.....New York

Consultants

SISTER M. ADELE.....Pittsburgh

ROGER W. DEBUSK, M.D.....Detroit

W. J. DONNELLY.....Greenwich, Conn.

EVA H. ERICKSON.....Seattle

MORRIS HINENBURG, M.D.....New York

VANE M. HOGE, M.D.....Washington, D.C.

F. STANLEY HOWE.....Orange, N.J.

ALTA M. LABELLE.....El Paso, Tex.

DAVID LITTAUER, M.D.....St. Louis

ALDEN B. MILLS.....Pasadena, Calif.

ROBERT E. NEFF.....Indianapolis

JACQUE B. NORMAN.....Greenville, S.C.

A. J. J. ROURKE, M.D.....New York

DONALD M. ROSENBERGER.....Portland, Me.

MADGE H. SIDNEY.....Seattle

FRANK J. WALTER.....Portland, Ore.

with
one
hand...



precise control of fluid flow

new **FLO-TROL** clamp

now available exclusively on PLEXITRON®

Expendable Administration Sets

Newly designed clamp permits easy, accurate, one-handed control of fluid flow. Free-gliding wheel moves easily along tubing...adjusts accurately to any desired rate of flow. Clamp comes attached to tubing...can't be lost.

TODAY, AS 25 YEARS AGO, PIONEERING PARENTERALS

BAXTER LABORATORIES, INC.

MORTON GROVE, ILLINOIS

DR456

DISTRIBUTED AND AVAILABLE ONLY IN THE 37 STATES EAST OF THE ROCKIES (except in the city of El Paso, Texas) THROUGH
AMERICAN HOSPITAL SUPPLY CORPORATION
SCIENTIFIC PRODUCTS DIVISION GENERAL OFFICES • EVANSTON, ILLINOIS

ROVING REPORTER

An Ounce of Prevention

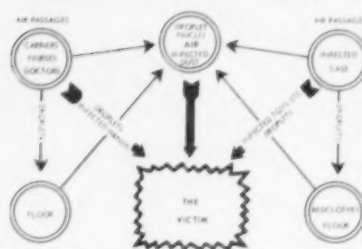
Seven newborn infants narrowly escaped death because of a nurse who had been newly hired. She came from a hospital where there was an outbreak of staphylococcus infection and was the unconscious agent of an epidemic in the nursery.

From that day on, new nurses coming on the staff of this institution from

other hospitals are allocated to medical wards only until the results of their nose and throat swabs are available. There, too, all babies under 1 year of age are nursed by the isolation nursing technic because they run great risk of contracting hospital infections.

The foregoing incident and counsel come from a recent open letter to all Saskatchewan hospitals from Dr. Irial

RE: STAPHYLOCOCCAL INFECTIONS



Cover of open letter on infections.

Gogan, director of hospital administration and standards of the provincial department of health.

Dr. Gogan declares that the widespread use of antibiotics for treatment and prophylaxis is resulting in an increased development of resistant strains of organisms, particularly Staphylococci. He warns that hospitals must not use chemoprophylaxis as a substitute for good medical and nursing practice.

So widespread is the problem of staphylococcal infections in newborn infants, maternity patients, postoperative patients, and generally debilitated patients that all hospital administrators may want to follow Dr. Gogan's lead in laying down a fairly strict program of reeducation for doctors, nurses and housekeeping staff.

Workmen Get Back to Work

Toronto's rehabilitation center, having proved itself in some old wartime buildings on the edge of Malton Airport, is soon to have a handsome new hospital building that will accommodate 200 bed patients and 300 ambulatory patients.

The Ontario Workmen's Compensation Board established the Malton Rehabilitation Centre in 1947 at the airport in an effort to return injured workmen to employment in the shortest possible time. Students at Toronto University train there in physical therapy and occupational therapy, getting practical experience in the afternoons over a six weeks' period.

The old buildings are now in bad shape. Furthermore, Malton Airport needs to expand and the chances are that the old buildings will be expropriated, according to E. E. Sparrow, chairman of the Workmen's Compensation Board.

"Our pioneering work in this field is catching on across the province," Mr. Sparrow says, "and surgical hospi-

MISS PHOEBE

NO. 13 IN A SERIES



"Heavy? Don't be silly, Aunt Phoebe! What's hard about carrying lightweight E & J chairs?"



Everest & Jennings chairs are lightweight—yet no wheel chair on the market is stronger or has better balance.

E & J's longer life and maintenance-free operation will make your cost-accountant sit up and take notice.

In the long run, E & J's cost less.



Specify **EVEREST & JENNINGS** chairs for your hospital

EVEREST & JENNINGS, INC., 1803 PONTIUS AVE., LOS ANGELES 25, CALIF.

NEW—**SEAMLESS** LACTA PADS



More economical and efficient in hospital use— More convenient and comfortable for patients

Hundreds of hospitals have already adopted these wonderfully practical new pads in the maternity department to solve the problem of excess lactation.

Here are quick check lists of their outstanding advantages:

BENEFITS TO NURSE AND HOSPITAL

- ... Save time. Patient changes disposable Lacta Pads.
- ... Save money. Low priced, labor saving, too.
- ... Scientific—suited to professional technique.
- ... No pressure. Prevent retracted or cracked nipples. Reduce care and work.
- ... Ideal for applying medication.
- ... Packaged in easy-use carton.

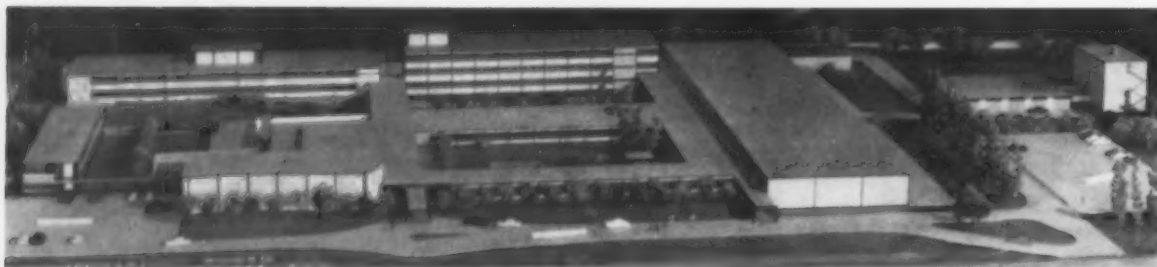
IMPROVED PATIENT COMFORT

- ... Naturally, sensibly contoured. Full 3 3/4" in diameter.
- ... Made of soft, non-irritating non-allergenic cotton. Highly absorbent and retentive.
- ... Outside is non-absorbent; sealed circumference ring.
- ... Full protection of clothing and appearance—no revealing lines.
- ... Easy to insert without assistance. Disposable.

Seamless Lacta Pads answer the lactation problem, lighten the work load, please the patients. Samples on request. Get in touch with your Seamless Surgical Supply Dealer.

SURGICAL DRESSINGS DIVISION
THE SEAMLESS RUBBER COMPANY
NEW HAVEN 3, CONN.





tals and other people are establishing physical medicine rehabilitation centers from which we can purchase treat-

ment and thus assist our injured workmen closer to their home environment. We shall have at our new center the

Proposed new hospital building to be constructed by Ontario Workmen's Compensation Board for the Malton Rehabilitation Centre. It will take care of 200 bed patients and 300 ambulatory patients, officials report.



Less Friction...Less Wear

BECAUSE THE CARRIER MOVES ON PLASTIC WHEELS, Arncu Cubicles provide longer service. There is no sliding or binding friction to interfere with smooth and easy operation.



Heavy Duty Track for Rugged Hospital Use



NEW! Low Cost Rack sturdily made in non-peeling aluminite finish... this easy to install coat and hat rack, or storage shelf finds innumerable uses in hospitals. Write for literature.

EXCLUSIVE ARNCU ALUMINUM TRACK MAY BE FLUSH OR SURFACE MOUNTED WITH EITHER PLASTER OR ACOUSTIC CEILING

Completely unobtrusive . . . ARNCU CUBICLES do not conflict with lighting or wall fixtures . . . completely eliminate interference with doors or windows. Their specially designed curtains provide adequate ventilation in addition to privacy.

Zinc die cast axle provides extra carrier strength — has bead chain for flexibility and rust-proof curtain hook. Soundly constructed to withstand years of constant, rugged service.

A. R. NELSON CO., INC.

210 EAST 40th STREET

• NEW YORK 16, N. Y.

more difficult cases and in so doing shall provide the best kind of training service."

The new center will cost \$5,500,000. Architects are Page and Steele of Toronto and T. Wiley of St. Catharines.

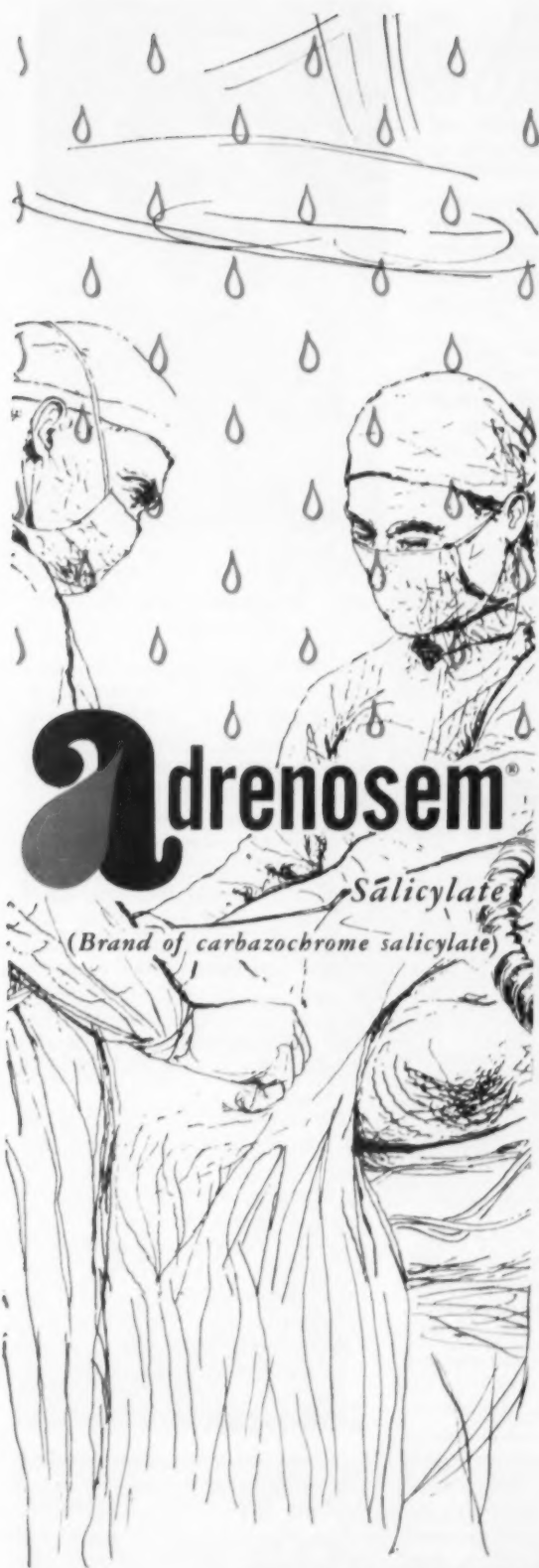
Modern Fairy Godmothers

A hospital stay can be a frightening experience for a child, surrounded by fearsome equipment and strange faces. But the "fairy godmothers" at West Pennsylvania Hospital, Pittsburgh, have worked for 62 years to brighten the pediatrics section, not by virtue of a magic wand, but through tireless service.

Members of the Cot Club, who have had only one president throughout the group's existence, are now planning the redecoration of the children's section to bring color and gaiety to the atmosphere. This project is one of many headed by Mrs. William H. Normecutt, president of the group. When the hospital added the L-wing in 1927, the Cot Club gave all the necessary equipment and supplies to the 50 bed pediatric department. The group replaces all equipment and supplies, and members make a large amount of the linen used.

Besides its service to the children's department, the club also gave West Penn its very first ambulance with a pair of mules to pull it, harnesses, blankets, driver's uniform, and whip. It raised funds to purchase the hospital's first x-ray machine 40 years ago and has endowed a private room and an adult bed. Almost half a million dollars has been raised by this group and given to the hospital.

The club and its members were recently saluted in the quarterly bulletin published by the hospital.



"...specific for conditions
characterized by increased
capillary permeability."

1

Adrenosem® to control bleeding

In his study of 330 hospital cases treated with Adrenosem® Salicylate, Bacala concludes that this systemic hemostat is "specific for the strengthening of capillary resistance."

He summarizes: "Experience with the drug is cited from 317 surgical and 13 obstetricogynecological cases. Most numerous were the 233 tonsillectomies, of which 207 patients were benefited by its use; post-tonsillectomy bleeding was reduced from 19.8 to seven per cent. The drug was also found useful in gastrointestinal bleeding, cataract extraction, epistaxis, incisional seepage, transurethral prostatectomy, menometrorrhagias, cervical oozing, antepartum and postpartum bleeding, threatened abortion, and prevention of capillary hemorrhages during Hedulin or Dicumerol therapy."¹

1. Bacala, J.C.: *The Use of the Systemic Hemostat Carbazochrome Salicylate*, *West. J. Surg.* 64:88 (1956).

Supplied in ampuls, tablets and as a syrup.

Write for comprehensive illustrated brochure describing the action and uses of Adrenosem Salicylate.

*U.S. Patent 2,581,850

The S. E. MASSENGILL company BRISTOL, TENNESSEE

NEW YORK KANSAS CITY SAN FRANCISCO

**NEW liquid
detergent...**

Oakite Liqui-Det

**All-purpose cleaner
gives you**

- **Performance**
- **Convenience**
- **Economy**

If you want the convenience of a liquid detergent... plus the famous soil-chasing power of Oakite cleaning... plus low cost—Oakite Liqui-Det is your answer.

- **PERFORMANCE** Brand new Oakite Liqui-Det is a multi-purpose detergent with quick-wetting action that penetrates and loosens all the usual soils. Safe on metals, plastic, painted surfaces... and easy on the hands.
- **CONVENIENCE** Oakite Liqui-Det couldn't be easier to use. Goes into solution instantly in hard water or soft, hot or cold. There's no waiting, no stirring.
- **ECONOMY** Oakite Liqui-Det is effective in concentrations as low as 1/2 oz. per gallon of water. That's real economy—a thimbleful of this powerful non-soap sudsing detergent gives you a quart of cleaning solution.

Try Oakite Liqui-Det. You'll like it. Call your local Oakite Technical Service Representative or write to Oakite Products, Inc., 18A Rector Street, New York 6, N. Y.



Export Division Cable Address: Oakite

Technical Service Representatives in
Principal Cities of U. S. and Canada

Which Nurse Is Which

The patient wants to know! And, since the primary concern of every hospital is its patients, hospital administrators are realizing more and more the necessity for distinguishing nursing personnel.

The public as well as the patient has been hopelessly bewildered by the fact that similar white uniforms are worn by registered nurses, practical nurses, technicians, nurse's aides, sitters and day workers.

Missouri has solved the problem with its insignia program, adopted in 1954. It serves a twofold purpose: (1) identifies the nurse according to her nursing status, and (2) verifies current licensure.

The R.N. insignia for the professional nurse and the L.P.N. for the licensed practical nurse quickly tell the story. The registered professional nurse wears either the insignia pin or a cloth emblem on the pocket of her uniform. The licensed practical nurse wears the L.P.N. cloth emblem on her left sleeve.

Both insignia are easily recognized by the public. Currently dated, these insignia also indicate that the wearer has renewed her license according to the requirements of state law. (In Missouri only those professional and practical nurses who have renewed their license for the current year are eligible to purchase the insignia.)

After a two-year testing period in Missouri, the insignia program is now being made available to other states. Last March Colorado followed Missouri's lead, and offered the R.N. insignia pin to its registered nurses. Other states have requested information on the program.

An opinion poll conducted at the insignia display booth at the Mid-West Hospital Association convention last spring showed that 87 per cent of those who registered favor such a program for their state. It was also agreed that a nationwide symbol for each category of nursing would be extremely helpful.

The insignia program was planned and introduced by an executive in the Missouri State Nurses' Association, who was asked to "work out something distinctive to end the confusion regarding nursing personnel." Designs for both the professional nurse and the licensed practical nurse were approved and applications made for patents. Both nursing groups voted adoption of the plan at their annual state conventions in 1954.



The insignia tells patients that this is a registered nurse. Licensed practical nurses wear emblem on left sleeve.

A nonprofit corporation, "The Committee on Public and Patient Education on Professions," was set up under Missouri law. In addition to distribution of insignia, the committee adopted another fundamental purpose: that of informing the public of the status of the nurses who wear the emblems.

Without funds, the committee sought and received the assistance of the press to tell the story. Adoption of the insignia was publicized in scores of rural and metropolitan papers of Missouri and on radio and television programs. Such cooperation from the press, radio and television could only be interpreted as a confirmation of an existing need.

The committee is comprised of two members of the Missouri State Nurses' Association and two members of the Missouri State Association for Licensed Practical Nurses Inc. Plans are now under way to form an advisory committee with qualified representatives from other states. The committee can be reached at P.O. Box 155, Jefferson City, Mo.—HELEN KIMMEL, R.N., St. Francis Hospital, Maryville, Mo.

Small Fry Reunion

A year ago last spring we had our first Small Fry Reunion. Memorial Hospital of Union County, Marysville, Ohio, had then been open three years and, as a National Hospital Day feature, we invited all babies born in our hospital the first year it was open to a "birthday party." It was held on the

Cleaned in a Few Minutes...READY FOR NEXT PATIENT



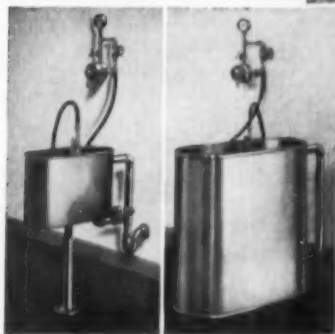
Blickman stainless steel equipment with seamless, round-corner construction, speeds service in Hydrotherapy Department

● This stainless steel underwater treatment tank can be thoroughly cleaned and made ready for the next patient in a matter of minutes. All surfaces are smooth and continuous. There are no seams, crevices or joints of any kind. The highly polished stainless steel reduces adhesion of dirt and grime. Cleaning takes far less time and effort, because all corners and intersections are fully rounded. Complete asepsis is attained with a minimum of labor. This means that you save money every day you use this long-lasting unit. That's why so many leading hospitals have standardized upon Blickman-Built hydrotherapy and physiotherapy equipment in sanitary stainless steel. We invite you, too, to *investigate and compare*, before you buy.

ABBOTT Model I-Beam Hoist of all stainless steel remains free of rust and corrosion, no matter how much hot, moist steam arises from the hydrotherapy tank.

HOT SPRINGS Model Underwater Treatment Tank—as used in St. Mary's Hospital, E. St. Louis, Ill. Designed for ready access to all parts of patient's body. After each treatment, tank is drained, scrubbed and brushed with surgical soap. Cleaning is easy because of the polished stainless steel surfaces and the round-corner construction. Aerators circulate water through pressure action, not by electrical means. Danger of shock is eliminated.

Below, left to right: HARVEY Model Stainless Steel Arm Bath permits patients to tolerate higher water temperatures as air is introduced to give swirling motion. RADCLIFFE Model stainless steel leg bath provides a whirlpool action proved efficacious in treating local areas to stimulate circulation.



OTHER BLICKMAN-BUILT HYDROTHERAPY AND PHYSIOTHERAPY UNITS IN STAINLESS STEEL

Sitz Baths • Foot Baths • Electric Bath Cabinets • Straddle Stands • Contrast Leg and Arm Baths • Flow Tubs • Fomentation Sinks • Control Tables • Showers • Irrigation, Shampoo and Pack Tables • Utility Stands • Hampers • Chairs • Stools



Send for Catalog 6-NYC describing and illustrating more than 40 different items of stainless steel equipment for Hydrotherapy and Physiotherapy Departments.

S. Blickman, Inc., 1510 Gregory Ave., Weehawken, N. J.

CABINETS & CASEWORK

OPERATING ROOM

FOOD CONVEYORS

HYDROTHERAPY & PHYSIOTHERAPY

NURSERY & MATERNITY

PORTABLE EQUIPMENT

You are welcome to our exhibit at the American Dietetic Association Convention, Milwaukee Auditorium-Arena, Booth No. 418, Oct. 9-12.

DIACK
Since 1909



TEMPERATURE— TIME— MOISTURE

All three are required to be present clear through to the center of each pack to achieve sterilization.

The Diack requires a temperature of 250° to fuse.

Diacks fuse at this temperature only when *twice* the time necessary to kill *B. subtilis* has been achieved.

Diacks are for use only in autoclaves. Heat in the pack centers is created *only* by condensation of steam on the layers of fabric. So—when a Diack at the pack center melts, you always know moisture is abundant.

Research Laboratory of
Smith & Underwood, Chemists
Royal Oak, Michigan

Sole manufacturers of Diack Controls
and Inform Controls



The three sets of twins open their "birthday" gifts at the first Small Fry Alumni Reunion held by Memorial Hospital of Union County, Marysville, Ohio. Balloons, ice cream cones and pink lemonade add to the festivities.

wooded lawn of the hospital. This party was such a success we felt it should be an annual affair. Because of the uncertain temperatures of early spring, we decided to have the party in June this year and will continue this practice.

Babies born three years before will be invited each year. They are a nice age to entertain and seem to enjoy playing with one another.

We start work on the invitation list early in January, taking the names and addresses from the birth certificates. This year the invitations were written on a balloon and the balloon was mailed to each child. It read:

"For all our babies born in '53
Here is an invitation to you from me.
We're having a Birthday Party for you
On June 23rd starting at 2:00."

We mail the invitations around the first of May. The one big problem we have encountered is change of address. However, we are able to contact more than 90 per cent of the children. We have an announcement in all the county newspapers and hope that parents who did not receive an invitation for their child will feel welcome to attend.

The morning of the party approximately 250 balloons are blown up and tied with string. For these we owe our thanks to the women's auxiliary. The women come to our rescue, and the job is completed in about two hours. Balloon trees are made by hanging the many colorful balloons on portable I.V. standards.

The gala affair starts promptly at

2 p.m. with members of the women's auxiliary and hospital personnel acting as hostesses. It is a picturesque scene around the hospital that afternoon. Mothers and their 3 year olds come across the lawn from every direction. I probably should use the word "parents" because a few fathers attend the party. The parents are asked to sign the register, and each one is given a name card to wear. During this time Junior is probably hanging onto mother's dress, but it isn't long until he has found someone just his size with whom to play.

Each child is given a bright colored balloon when he arrives. This appears to be all the entertainment a 3 year old requires. We have plenty of extra balloons on hand because there are many balloon casualties, and every child must have a balloon to take home. The frilly party clothes, the bright colored balloons, the shade trees of our beautiful lawn make a scene like fairyland.

We recognize a few special 3 year olds each year. The smallest and largest baby, twins, the baby whose birthday is on the day of the party, and the offspring of the oldest and youngest mother present receive a gift.

The party wouldn't be complete without ice cream cones and pink lemonade.

Many times we wonder who enjoys the party the most, our 3 year olds, the mothers, or the hospital personnel.—FRANCES HELMICK, administrator, Memorial Hospital of Union County, Marysville, Ohio.

Conclusive evidence^{1,2,3}

Your Hospital Profits from

CLOSED-SYSTEM INJECTION

- *No hidden costs*—no sterilization, no needle-sharpening, no syringe breakage, no dose preparation, no unused medication
- *Presterilized*—asepsis assured
- *Ready to use, easy to use*
- *Precision medication*—accurate dose
- *Every injection with a new needle*—minimizes pain, eliminates wasteful routine
- *Reduced risk of infectious hepatitis*
- *Reduced risk to personnel of contact sensitization*
- *Simplified supply handling and accounting control*

TUBEX brings the full advantages of the closed-system technique to hospital, office, or home. For demonstration and literature, see your Wyeth representative.



TUBEX[®]

SAVES TIME, MONEY, WORKLOAD

1. Bogash, R.C., and Pisanelli, R.: *Hosp. Management* 80:82 (Nov.-Dec.) 1955. 2. Hunter, J.A., et al.: *Hosp. Management* 81:82 (March) 1956. 3. Hunter, J.A., et al.: *Hosp. Management* 81:80 (Apr.) 1956.

Wyeth

Philadelphia 1, Pa.

THE
PREFERRED
PLUMBING



Shouldn't modern plumbing remodeling program?

Whether your budget is big or little—modern plumbing is a must in any hospital remodeling program.

Nothing makes a hospital so modern as up-to-date surgical and medical equipment. And hospital plumbing *is* medical equipment. That's why it pays to select your fixtures as carefully as you would select X-ray or laboratory equipment.

It pays to specify Crane.

Crane hospital fixtures are more advanced. That's because they have been developed by calling on the personal experience of doctors, technicians and management people.

These fixtures are engineered to last longer. And that assures you of long-term economy.

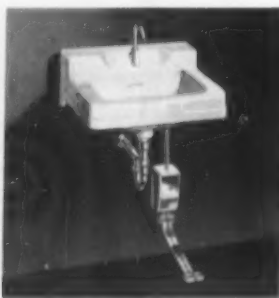
What's more, Crane researches your medical needs to give you more of tomorrow in every hospital fixture... hence, such developments as "Dial-ese" and "Duraclay". The result is not only longer life... but better appearance, greater usefulness, and lower maintenance cost.

If you're planning to enlarge or remodel, why not call your Crane Branch or Crane Wholesaler? You'll find their advice helpful when you're planning.

CRANE CO. General Office: 836 So. Michigan Ave., Chicago 5
VALVES • FITTINGS • PIPE • KITCHENS • PLUMBING • HEATING



New from Crane. Duraclay emergency bath developed for hospitals. Shallow depth simplifies moving patient to and from litter. Thermostatically controlled water supply with deviator spout for diverting stream to spray. Duraclay is Crane's exclusive, glazed vitreous earthenware that won't crack or craze under severe temperature changes.



Oxford lavatory with foot pedal controls. You get tempered water at the touch of a toe. No more juggling faucets to temper water. No more faucets left open to waste water. No more soiled water left in the basin. All Crane lavatories and sinks are available with pedal-operated supply valves.



Exclusive Dial-ese controls featured on all Crane lavatories, sinks and baths. Proved longer lasting, less maintenance. All working parts of Crane Dial-ese controls are contained in one low-cost replacement unit. When maintenance is necessary (which is very seldom), it is so easy. Just remove the old unit, screw in the new.



AND

have top priority in your

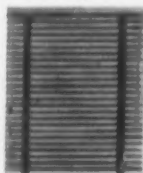


Scrub-up sinks that stay new looking longer. The Talmadge Memorial Hospital of Augusta, Georgia, selects scrub-up sinks of gleaming Crane Duraclay. Architect: Gregson & Associates, Atlanta; General Contractor: George A. Fuller Co., Washington; Mechanical Contractor: Mechanical Contractors & Engineers, Inc., Atlanta.

ALL 3261 WINDOWS IN NEW YORK'S SOCONY MOBIL BUILDING

wear new *Flexalum*® TWI-NIGHTER® blinds!

It's nothing but the best for the new Socony Mobil Building, New York's first stainless steel skyscraper. When it came to the venetian blinds, it isn't surprising they picked the Flexalum Twi-Nighter Blind for all 3261 windows. This new venetian blind offers unprecedented light control for all administrative and technical needs. By shutting much tighter than was ever possible before, it will keep out six times more daylight than conventional blinds.* It also offers important advantages that make for lower maintenance costs and longer life: spring-tempered snap-back aluminum slats, wipe-clean plastic tapes, non-fray nylon cords and many other features. Yet, Flexalum Twi-Nighter Blinds cost no more.



FULL LIGHT CONTROL
Make rooms not just dim, but dark; assure complete privacy. An important advantage for office buildings, apartment houses, hospitals, and schools.



SNAP-BACK SLATS
Bend them, abuse them. Flexalum slats are spring-tempered to snap back even when bent to a 90° angle. Mar-proof finish won't rust, chip, crack or peel.



WIPE-CLEAN TAPES
A damp cloth is all that's needed to wipe them clean. Stains come right off the non-porous surface. Flexalum tapes won't fade, fray, shrink or stretch.

Flexalum®

FLEXALUM VENETIAN BLINDS

FLEXALUM ALUMINUM AWNINGS

FLEXALUM DRAW DRAPERIES

FLEXALUM AUDIO-VISUAL BLINDS

*Independent Laboratory Tests

FOR COMPLETE INFORMATION, CONTACT YOUR LOCAL FLEXALUM MANUFACTURER OR WRITE: HUNTER DOUGLAS ALUMINUM CORPORATION, DEPARTMENT MH10, THE CHRYSLER BUILDING, 405 LEXINGTON AVE., NEW YORK 17, N. Y. (IN CANADA: HUNTER DOUGLAS, LIMITED, DEPARTMENT MH10, 8500 ST. LAWRENCE BLVD., MONTREAL, QUEBEC)



Nurses' Station, Texas Children's Hospital, Milton Foy Martin, Architect

THE EYES OF TEXAS ON FORMICA!

The full scope of the Texas Medical Center at Houston staggers the imagination. Here are more than a dozen hospitals and clinics of medicine and dentistry, all autonomous institutions, being coordinated by a Council of Administrators.

Tens of thousands of square feet of Formica have been used in interior surfacing of the many buildings

under the direction of several different architectural firms, each of whom reached independently an identical conclusion.

Formica in colors and in wood grains represents the best possible combination of beauty, long life and easy maintenance for areas of heavy human traffic.

See Sweets ^{13A}/₇₀ for more Formica information or

DEMAND THIS CERTIFICATION

This mark certifies genuine
REMOVE WITH SOAP AND WATER



Beauty Bonded
FORMICA
Laminated Plastic
Proys in Performance

Seeing is believing. If this wash-off identification is not on the sheet, it's not FORMICA.

write **FORMICA**

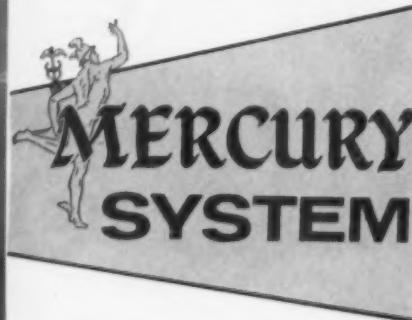
4541 Spring Grove Ave., Cin. 32, Ohio

In Canada: Arnold Banfield & Co., Oakville, Ontario.

Information Desk Outpatient Lobby M. D. Anderson Hospital, MacKie and Kamrath, Architects



*The fastest, most reliable method of transporting
complete trays from central kitchen to patient bedside*



Here's the simple, natural, EFFICIENT way to get piping hot food to patients in minimum time . . . and at minimum cost. The MERCURY SYSTEM has been proven in hospitals in the United States and Canada (names no request) to serve patients better at a saving of 6¢ a meal or more . . . in many cases paid for itself in less than a year in saving of labor costs alone!

Able, Experienced Consultants

The Mercury experienced staff of hospital consultants is available to you without obligation to look over your operation and discuss any changes you contemplate or which appear advisable. Utilization of present facilities is recommended wherever possible.

Our staff is prepared to make all blueprints and drawings for modifications and to completely supervise all construction and installation work. We actually take each staff member over the system step-by-step, instructing them in their exact duties in operating the equipment. The MERCURY SYSTEM covers the complete flow of food from the time it is delivered through menu-planning, preparation, cooking, delivery to patient and washing of dishes. The Mercury System operates smoothly and efficiently.

Mercury HEATED Tray Cart

The Mercury HEATED Hospital Tray Cart is the key-stone of the MERCURY SYSTEM. The Mercury Cart gives the dietitian complete control over the makeup of patient trays both as to type of diet and portion control; trays are made up in the kitchen . . . can be delivered by any staff member without fear of mistakes. Loads food service for 30 patients (a complete nursing unit) in less than 5 minutes . . . then serves them in less than 5 minutes more. Actually enables 1 person to do the work of 3—5 times as fast! Serves food hot and palatable—hot food and liquid compartment is electrically heated . . . connects to wall plugs any place.

Light in Weight...Easy to Pull

Weighs only 430 lbs. Rolls easily and quietly on large 8" rubber tire wheels. Fits any standard elevator . . . clears any standard door. Remember—the MERCURY SYSTEM enables you to convert floor pantries to income-producing patient rooms!

• SEE THE MERCURY AT THE CONVENTION . . . or write for full information.

STEELE-HARRISON MFG. CO., 914 W. Main St., Peoria, Illinois

Which Bill Gets the... ?



William Smith



William Smith



A glance at the pliable, durable Ident-A-Band bracelet tells "which Bill gets the pill". This positive system of on-the-wrist identification has proved so satisfactory that many hospitals that started using Ident-A-Band for OB or pediatric only, now band every patient at the time of admission.

You'd never guess! And no guessing's necessary where Ident-A-Band® on each patient's wrist establishes identity. Hospital number, patient's name, doctor's name and other vital data are plainly typed or written on a card that goes inside the Ident-A-Band before it is riveted around the patient's wrist. There need be no embarrassing or tragic mixups, even when names are similar or identical. You can readily see why more and more hospitals are adopting the Hollister Ident-A-Band for the protection of *all* patients.



For FREE samples, see next page

Ident-A-Band[®] for All Patients



Prevents Error...

The Ident-A-Band system of on-the-wrist identification for all patients protects against human error as no other method can do. Most important, it provides a simple means of checking identity at *any* time, regardless of the patient's age, location or condition. In addition, administrators find that adoption of the Ident-A-Band system makes all personnel more alert to the need for confirming patient's identity before pre-operative procedures, before administering medicines or drugs, before lab work and taking specimens. Your hospital, too, will find Ident-A-Band an *indispensable safeguard*.



Helps Morale...

Yes, patients read the papers. They know the risk and the often frightful consequences of misidentification. Patients and their families feel more secure when the hospital provides Ident-A-Band certainty of proper identification. With new mothers, the *correlated* Ident-A-Band mother-baby identification relieves a common source of anxiety. Parents of pediatric patients appreciate Ident-A-Band protection against error. Medical, nursing and technical staffs, too, welcome the security that comes from *knowing* the identity of *all* patients at all times.

Please send Ident-A-Band samples and information. I'm most interested in () All-Patient, () Pediatric, () OB identification.

NAME _____ TITLE _____
 HOSPITAL _____
 STREET ADDRESS _____
 CITY _____ STATE _____

SAMPLES AND LITERATURE
 FREE MAIL COUPON

HOLLISTER

FRANKLIN C. HOLLISTER COMPANY
 833 N. ORLEANS ST. • CHICAGO 10, ILLINOIS



LARGE

OR SMALL



OHIO CHEMICAL
provides the
hospital with a
**complete
therapy
oxygen service**

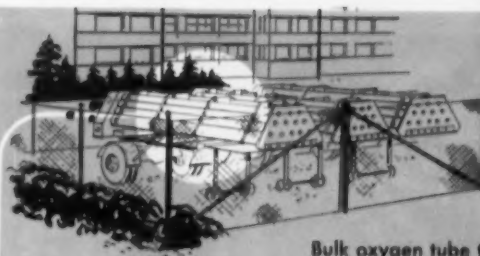
One major segment of this complete Ohio service is the dependable delivery of high purity oxygen, exceeding U.S.P. requirements, in containers tailored to suit the specific needs of your hospital. Large, medium, or small — the therapy oxygen requirements of your hospital will best be met by adapting one or more of these custom-designed oxygen delivery units. A nationwide network of over 500 supply depots insures prompt delivery at all times.

Supplementing these excellent oxygen delivery facilities, Ohio Chemical provides assistance in the planning and installation of central oxygen pipeline systems, and with any problems related to therapy oxygen service—and offers safety literature, visual training aids, and lectures.

Ohio Chemical
OHIO CHEMICAL & SURGICAL EQUIPMENT CO.
MADISON 10, WISCONSIN

Ohio Chemical Pacific Company, San Francisco 3
Ohio Chemical Canada Ltd., Toronto 2
Airco Company International, New York 17
Cia. Cubana de Oxigeno, Havana

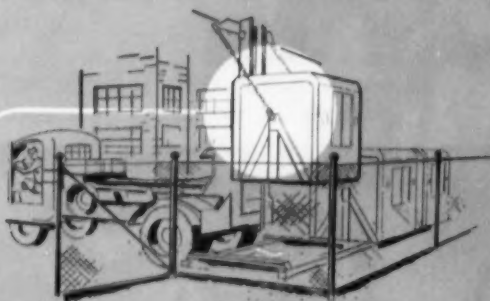
(All Divisions or Subsidiaries of Air Reduction Company, Incorporated)



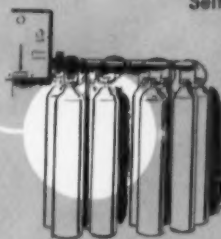
Bulk oxygen tube trailer



Smaller trailer



Self-contained Dempster unit



Duplex manifold for
smaller hospitals
or those without
outside space.

Single cylinder of 244 cu. ft.- capacity
for bedside use where central
pipeline facilities are not available.



OHIO CHEMICAL & SURGICAL EQUIPMENT CO.
1400 E. Washington Ave., Madison 10, Wis. Dept. MH-10
Please forward a copy of your new brochure (No. 4660) outlining the complete Ohio Chemical therapy oxygen service for hospitals.

Name _____

Institution _____ Title _____

Street Address _____

City _____ Zone _____ State _____

Institution Laundries report...

Outstanding savings with Cascadex Washer-Extractor



The American Cascadex Washer-Extractor is available in two sizes, 32" x 24" with 50-lb. dry weight capacity, and 40" x 30" with 100-lb. dry weight capacity. Both can be furnished manually operated, or air operated for use with automatic washing control. Choice of horizontal partition 2-pocket cylinder, or three Y-pocket cylinder. Exclusive Intermediate Speed between wash and extract cycles eliminates complicated balancing mechanism.

Introduced only a short year ago, the Cascadex has found an important niche in all types of institution laundries. Enthusiastic hospitals and other institutions report major Cascadex benefits—especially its high hourly output in so very little floor space. All agree it's a rugged, professional machine that performs a reliable, professional job.

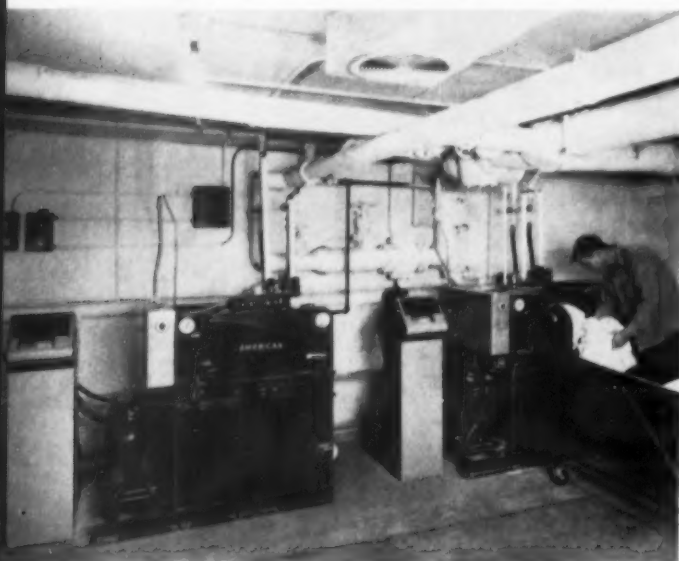
Combining high-quality washing and extracting in one compact machine gives real savings in labor and floor space—increases production. No time is lost transferring work from washer to a separate extractor, and washing cycle is reduced by elimination of one rinse. This means more loads are produced every day. A final hot rinse speeds drying and ironing.

Find out how the Cascadex Washer-Extractor will make outstanding savings for your hospital or institution. Write today for Catalog AB 331-702.

The American Laundry Machinery Company • Cincinnati 12, Ohio



Smaller inventory and faster return of linens to central supply. That's the Cascadex story at St. John's Hospital, Longview, Wash. Their laundry department has two 40" x 30" Cascadex Washer-Extractors with Cyclamatic Controls. These machines handle almost 9,000 lbs. of all kinds of work each week! Save equipment investment, too, combining top quality washing and extracting in one operation.



2 less operators are needed in this laundry since replacing old equipment with two 32"x24" Cascadexes. Equipped with Selectro Automatic Controls, these machines at Coeur d'Alene Hotel, Spokane, Wash., easily handle all of the various laundry requirements including linens, uniforms, blankets and towels.



"A nickel can be balanced on this 40"x30" Cascadex during extraction," reports Mr. Charles M. Charlton, Sup't. of Schenectady (N.Y.) Children's Home. Bolted directly to basement floor, the Cascadex has increased the laundry's production 30%, with less labor and savings in water and supplies.

You can expect more from

American



Ease pain with **Nupercainal**[®]

long-acting surface anesthetic

From abrasions to anal fissures, from simple burns to hemorrhoids to herpes zoster—from A to Z—Nupercainal belongs in the hospital routine.

For it provides prompt, lasting relief from pain and itching. Considered as probably "the most potent local anesthetic currently available,"¹ Nupercainal has a low sensitizing index.

OINTMENT, 1% Nupercaine[®] (dibucaine CIBA) in lanolin and petrolatum base.

CREAM, 0.5% Nupercaine in water-soluble base.

OPHTHALMIC OINTMENT, 0.5% Nupercaine in white petrolatum, with applicator-tip tubes.

¹ Drill, V. A.: *Pharmacology in Medicine*, McGraw-Hill Book Company, Inc., New York, 1954, p. 9711.

NUPERCAINAL[®] Ointment (dibucaine ointment CIBA)
NUPERCAINAL[®] Cream (dibucaine cream CIBA)

C I B A
SUMMIT, N. J.





Quality + Savings =

Hospital
Economy
Pack

FLEET® ENEMA

Disposable Unit

Now in individual carton
with lubricant

Handy, Economical, Practical . . . That's the FLEET ENEMA Hospital Economy Pack. Contains forty-eight individually packaged, complete units, including lubricant. Each carton provides space at the top for patient's name and room number.

FLEET ENEMA is the *only* Disposable Unit with a plastic squeeze bottle designed for easy, one-hand administration . . . with a rectal tube anatomically patterned to minimize injury hazard . . . with a built-in diaphragm to regulate flow and prevent leakage . . . saves nearly 28 minutes of attendant's time per enema. That's why it's the Disposable Unit of choice in the top ranking hospitals.

33 3/4¢ 4 doz.

32¢ 12 doz.

30 5/8¢ 24 doz.

30¢ 48 doz.

H E P is supplied
in full cases only



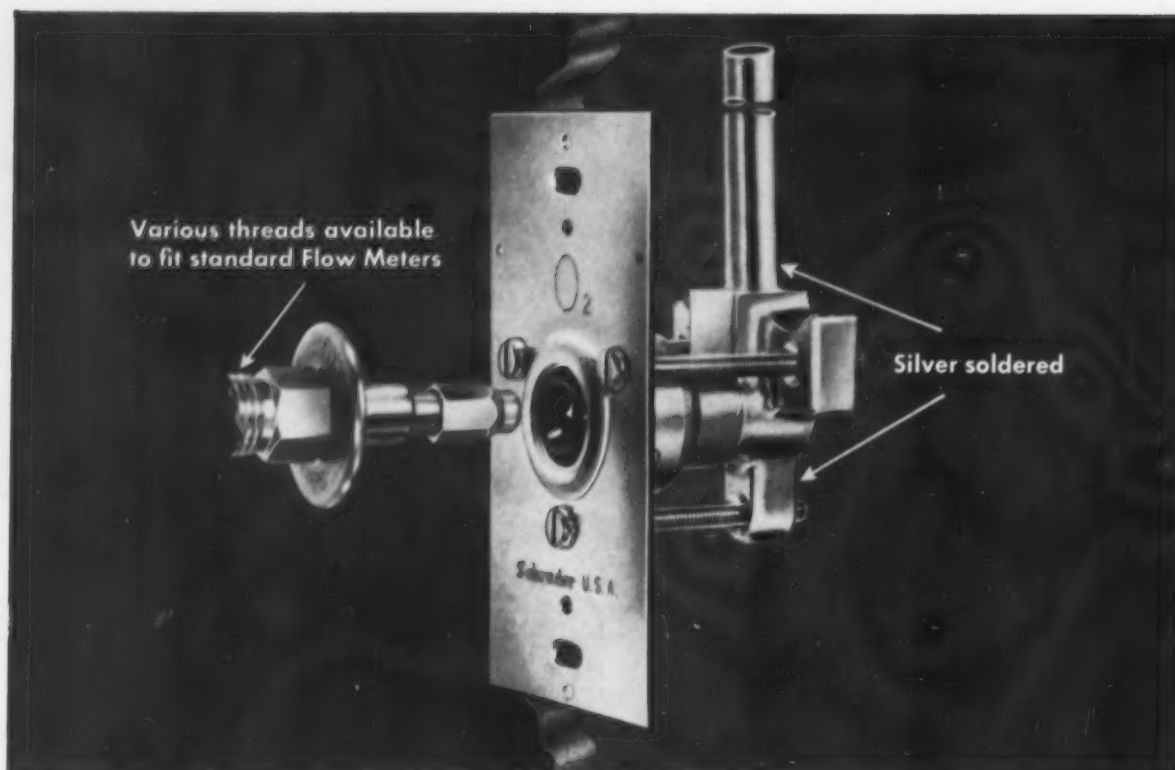
For a quality disposable unit at a budget price, order "FLEET ENEMA, H E P," from your wholesale druggist or hospital supply house.*

*When ordering less than 4 dozen, specify "FLEET ENEMA, Standard Unit."

C. B. FLEET CO., INC.

Lynchburg, Virginia

Makers of Phospho-Soda (Fleet) A laxative of choice for over 60 years.



NEW Schrader flush mounted plug-in outlets for medical gases *have to fit* . . . because they're *keyed* to connectors

FOR EASY INSTALLATIONS: Outlets mount in standard electric wall outlets, either singly or in multiple escutcheons. Differing thicknesses of plaster are easily compensated for. Twelve inch copper lead-in is silver soldered, ready to connect to main leaders.

FOR EASY OPERATION: Just plug in lines, or disconnect, with one motion. Only one hand is required to connect or disconnect.

FOR RELIABILITY: Units incorporate proven principles and practical rugged design found in all Schrader medical gas products. Medical gas plug-in systems were pioneered by Schrader! Long-lived nylon pawls reduce friction. Integral locking means face plate doesn't hold adapter—unit does it!

FOR SAFETY: You can't plug a connector into the wrong outlet. Each gas . . . oxygen, nitrous oxide, vacuum or air . . . has its own adapter which is absolutely non-interchangeable. And each gas outlet is identified by color. For especially vulnerable locations, tamper-proof plugs are available.

AVAILABLE AT LOW COST: Schrader outlets combine more features of convenience and safety than any other unit . . . and for lower cost. Customer requirements limited to electrical box and face plate. Write for further details.



AVOID TRAGIC ERRORS . . .

Schrader®

ESTABLISHED IN 1944

A. SCHRADER'S SON

Division of Scovill Manufacturing Company, Incorporated
470 Vanderbilt Avenue, Brooklyn 38, N. Y.

FIRST NAME IN THE SAFEST

MEDICAL GAS CONTROL OUTLETS

Look
for this
honored



Name Plate • • a guide to advanced designs

in package unit and custom built
steam generating equipment



Vogt steam generating units are available in types and sizes to meet individual plant needs for power, processing or heating.

Package units range from 10,000 to 40,000 pounds of steam per hour while custom built units are obtainable in the larger capacities. Available in bent tube types and straight tube, forged steel sectional header types for solid, liquid or gaseous fuels burned singly or in combination.

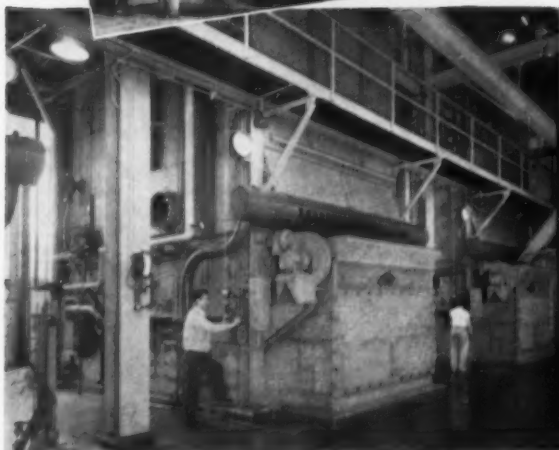
Write for Bulletins, Dept. 24-BMH

HENRY VOGT MACHINE CO.

Box 1918, Louisville 1, Kentucky

SALES OFFICES

New York, Chicago, Cleveland, Dallas, Philadelphia
St. Louis, Charleston, W. Va., Cincinnati, San Francisco



One of three 15,000 #/hr. capacity package unit steam generators for a State institution.

Two of three 41,000 #/hr. steam generators installed in Medical Center Steam Plant, Louisville, Ky.

Erecting two 50,000 #/hr. steam generators at Kelly Air Force Base, San Antonio, Texas.



OTHER VOGT PRODUCTS

Drop Forged Steel Valves, Fittings and Flanges in a complete range of sizes • Petroleum Refinery and Chemical Plant Equipment • Steam Generators • Heat Exchangers • Ice Making & Refrigerating Equipment



KEWANEE "CRUISING PASSES CRITICAL



■ In a hospital there can't be the slightest margin of error. Nowhere else is equipment required to pass such critical tests. Mr. Howard A. Palestine, Manager of Mid-Island Hospital, Bethpage, Long Island, puts it this way: "Like all hospitals, ours operates 24 hours a day, 7 days a week . . . and we do it with the help of such dependable equipment as Kewanee Boilers. It was the reputation which KEWANEE has built up over the years which prompted us to specify that this type of boiler system be used." Rated on nominal capacity, Kewanee Reserve Plus Rated Boilers with 50% extra built-in power, fill normal requirements in stride. Yet, they can be stepped

up instantly to produce additional power needed for emergencies—for fluctuating loads. They provide for expansion too. Here you get "cruising speed" boiler operation with greater efficiency—lower fuel and maintenance costs . . . less stress and strain, plus constant protection against breakdowns and repairs. There's no necessity to operate at full speed all the time. In addition, "cruising speed" operation means you get much longer boiler life. So select Kewanee Reserve Plus Rated Boilers. You can be sure of dependable service, with savings in money too. KEWANEE BOILER DIVISION OF AMERICAN-STANDARD, 101 Franklin Street, Kewanee, Illinois.

"SPEED" BOILER OPERATION TEST AT MID-ISLAND HOSPITAL



Mid-Island Hospital, Bethpage, Long Island, New York. Designed, engineered and constructed by Will N. Clurman Associates, New York, N.Y. Architects: Gloster & Gloster, Rockville Center, New York.

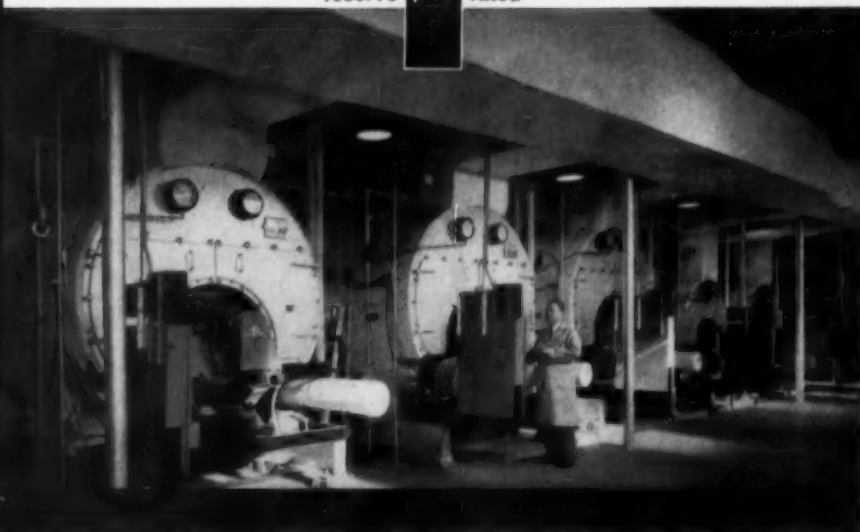


Reception room and admitting desk of Mid-Island Hospital.



The spotless kitchen where appetizing meals are prepared.

KEWANEE
reserve plus rated



Here are five Kewanee Boiler-Burner Units which provide 'round the clock dependable service at Mid-Island Hospital.

AMERICAN-Standard

KEWANEE BOILER DIVISION



*Erythromycin in the treatment of osteomyelitis**

8/3/55

CASE SUMMARY

On 6/2/55, patient, male, age 28, fell on an old fracture and refractured the middle third of the right femur, superimposed on an old osteomyelitis.

On 7/7/55, the wound was saucerized and a hemolytic *S. aureus* (coag. +) was isolated from the osteomyelitis. Disc sensitivities were: penicillin, 10 units; erythromycin, 10 mcg.; tetracycline, 10 mcg.

On 7/15, the patient was placed on erythromycin therapy 400 mgm. q. 6. h. Patient afebrile after erythromycin started. X-rays showed evidence of healing with callus formation. No septicemia and clinical evidence indicates control of the infection.

On 8/3, the cast was removed and leg recast. Wound was in good condition with minimal drainage.

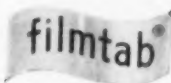
Diagnosis: fracture middle third of right femur, complicated by osteomyelitis.

Result: erythromycin aided healing of the old osteomyelitis and kept the infection under control.

* Communication to Abbott Laboratories

specific against
coccic infections

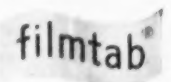
Specific—because you can actually pinpoint the therapy for coccic infections. That's because most bacterial respiratory infections are caused by staph-, strep- and pneumococci. And these are the very organisms most sensitive to ERYTHROCIN—even when in many cases they resist other antibiotics.



Erythrocin[®]
(Erythromycin, Abbott)
STEARATE

with little risk of
serious side effects

Low toxicity—because ERYTHROCIN rarely alters intestinal flora. Thus, your patients seldom get gastrointestinal side effects. Or loss of vitamin synthesis in the intestine. Virtually, no allergic reactions, either. *Filmtab* ERYTHROCIN Stearate (100 and 250 mg.), bottles of 25 and 100. **Abbott**



Erythrocin[®]
(Erythromycin, Abbott)
STEARATE

* Filmtab—film-sealed tablets; pat. applied for

407124



Modern Gas-fired equipment in the new kitchen of St. Edward's Hospital

Fifty years experience backs up St. Edward's choice of modern *GAS* equipment

When St. Edward's Hospital, New Albany, Indiana, recently modernized, they chose modern, stainless steel Gas equipment for their kitchen.

That's because they have used Gas for fifty years and know the top performance, cleanliness and flexibility they always get with Gas. With their new equipment, they have all the advantages they have always enjoyed with Gas—plus the new automatic features

guaranteed to meet the exacting demands of modern hospital cooking.

For additional information on how you can benefit by installing modern Gas equipment in your kitchen, call your Gas Company's commercial specialist. He'll be glad to discuss the economies and outstanding results you get with Gas and modern Gas equipment. *American Gas Association, 420 Lexington Avenue, New York 17, N. Y.*

*how
does*

stainless

*compare in
cleanliness,
durability,
cost?*

Stainless steel has many unique advantages in the hospital. But let's consider the three most important — cleanliness, durability and cost.

1 STAINLESS PROMOTES ASEPSIS — Its smooth, hard surface offers bacteria no place to hide. Operating room equipment can be kept really clean and aseptic.

2 STAINLESS LASTS FAR LONGER — It resists corrosive solutions. It won't discolor — can't chip or peel. And it's strong — stainless takes rough knocks, hard daily use right in stride.

3 COST — Your check may be a few dollars larger when you choose stainless equipment. But you'll write fewer of them. For the slight extra cost of stainless is amortized many times over in terms of service life and greater efficiency.

We'll be glad to furnish more detailed information on the advantages of stainless in the hospital — from kitchen to operating room. Write Crucible Steel Company of America, The Oliver Building, Mellon Square, Pittsburgh 22, Pa.

GLEAMING STAINLESS STEEL OPERATING ROOM EQUIPMENT MANUFACTURED BY SHAMPAINE CO. ST. LOUIS, MO.



CRUCIBLE

first name in special purpose steels

Crucible Steel Company of America

Canadian Distributor — Railway & Power Engineering Corp., Ltd.



Estrogen-androgen therapy effectively prevents postpartum breast engorgement

Satisfactory results were obtained in over 96 per cent of cases in a series of 267 patients who received estrogen and androgen as combined in "Premarin" with Methyltestosterone. Therapy was started as soon as possible after delivery. No untoward side effects were noted. In addition, the absence of mental depression in the puerperium was considered of notable importance.*

*Fiskio, P. W.: *GP* 11:70 (May) 1955.

"PREMARIN"® with METHYLTESTOSTERONE

for combined estrogen-androgen therapy



Ayerst Laboratories • New York, N. Y. • Montreal, Canada

5648



Dr. B. D. WILSON PRESENTS...the care and handling story

WILSON's surgeons' gloves

In the operating room, today's top-quality surgeons' gloves withstand an amazing amount of hard usage. Yet their life span may be abruptly shortened by a single error or oversight in the course of routine care and sterilization. To help you get maximum service from your surgeons' gloves, the Research Department of the Wilson Rubber Company has prepared an up-to-date manual, **THE CARE AND STERILIZATION OF SURGEONS' GLOVES**. It is available on request.

COLOR-BANDED FOR QUICK SORTING

THE WILSON RUBBER COMPANY **B-D**
A DIVISION OF BECTON, DICKINSON AND COMPANY • CANTON, OHIO

B-D AND WILSON, T.M. REG. U.S. PAT. OFF. 34786

*TRADEMARK THE WILSON RUBBER COMPANY

*When you choose
an infant incubator,
consider*

4 facts of life

**In incubator care of the small premature infant . . .
. . . the ill premature infant . . . the infant requiring isolation**

The ISOLETTE, only "completely air-conditioned" infant incubator described and illustrated in the new 2nd edition of "Premature Infants," may serve also as "an isolation unit in addition to maintaining optimal environmental conditions, and is particularly useful in caring for the smallest infants."*

Many infant incubators now look like the ISOLETTE, but sell for less. Therefore, we recently engaged a well-known, independent laboratory to compare control of temperature, humidity, and oxygen in every infant incubator on the market. We'll be glad to mail you the 22-page report of this objective comparison study. Or you can make your own tests of ISOLETTE performance with any other incubators. If you're not satisfied in 30 days, return the ISOLETTE to us, express collect, and discard your invoice.

For value, choose the ISOLETTE. It is designed to perform, built to last. We have never had to replace a worn-out ISOLETTE. Phone us collect (OSborne 5-5200, Hatboro, Pa.) and order an ISOLETTE with our 30-day return privilege. Test it. Pay only if satisfied. But don't let appearance or initial cost mislead you: let *performance* guide your choice.

The
Isolette®

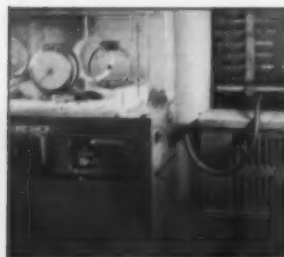
Constant-fresh-air-flow infant incubator

first in its field . . . widely copied . . . never equalled

Designed, Manufactured, Sold and Serviced by

AIR-SHIELDS, INC.

Hatboro, Pa.



1. True Isolation: Only the ISOLETTE® continuously draws in fresh, pathogen-free air from outside the nursery, forces out used air, protects the infant from air-borne or droplet infection. The ISOLETTE completely replaces incubator air every 15 minutes, approximately.



2. Constant Circulation of Fresh, Warm Air: The ISOLETTE alone provides a continuous supply of clean, fresh air, with precise control of warmth, humidity, and extra oxygen (when needed)—features impossible to achieve without controlled, mechanical air circulation.

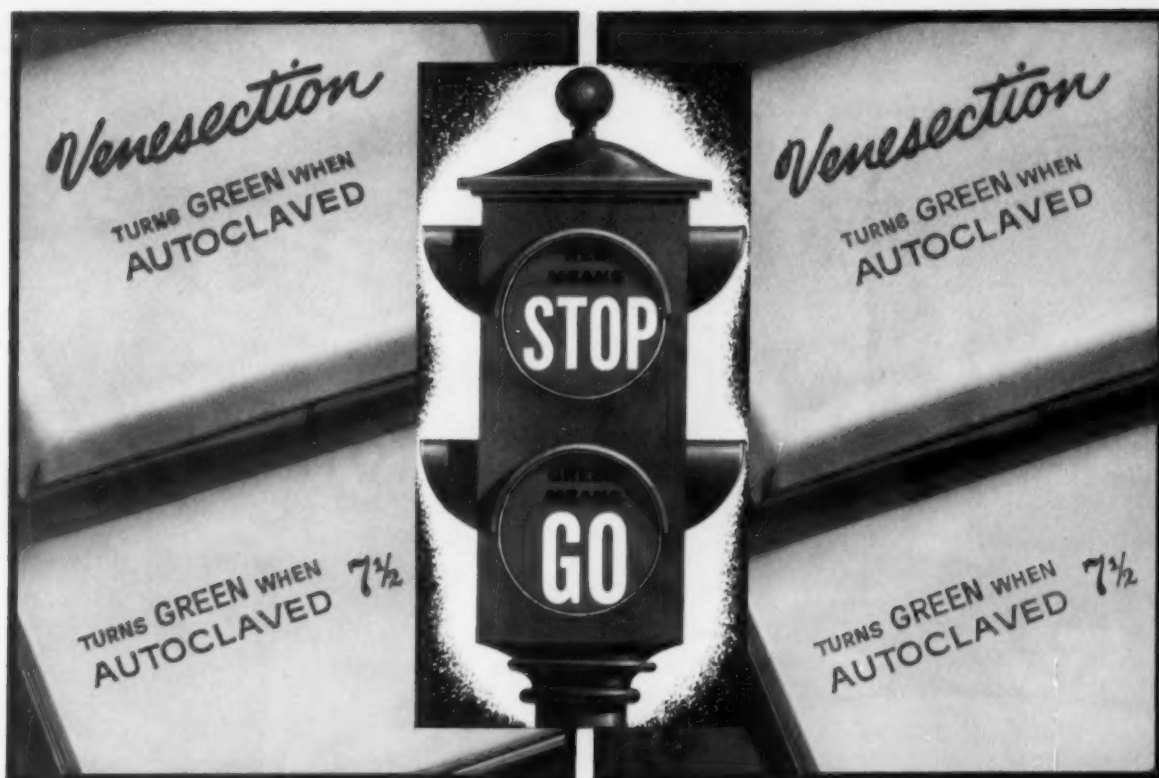


3. Precise Temperature Control: Within a tolerance of 1°F., plus an automatic alarm should external factors cause overheating, is another unique advantage of the ISOLETTE, which may also be cooled to 85°F. in very hot weather.



4. Accurate Humidity Regulation: An additional, exclusive distinction of the ISOLETTE, maintains even, optimal humidity levels (85% to 100%) by means of a simple, calibrated valve, and quite independent of temperature.

*Dunham, E.C.: *Premature Infants*, 2nd Ed., Hoeber-Harper, New York, 1955



The ink in the handwriting and stamped lettering is RED

The ink has turned GREEN indicating that contents have been autoclaved

Introducing **WECK AUTOCLAVE INK** —turns GREEN when autoclaved

Here is a simple and inexpensive method of identifying packs, trays and miscellaneous articles that have been autoclaved*. When the ink is applied it is RED—when autoclaved it is GREEN!

Everybody knows the colors of traffic lights—no chance of making a mistake under the stop-and-go control of Weck Autoclave Ink.

The ink may be applied in either of two ways: 1—with Weck Autoclave Pencil containing leads of Weck Autoclave Ink in compressed form; 2—with stamp and special stamp pad of foam rubber (felt pads can not be used).

Each Weck Autoclave Ink Set, as illustrated, contains a combination rubber stamp with this wording on one side "TURNS GREEN WHEN AUTOCLAVED" and an adjustable unit on the other. The latter provides almost any combination of letters and numbers for identifying contents of packages. Any type of stamp may be made to fit a hospital's special needs. Also available are individual adjustable stamps; as well as individual "TURNS GREEN WHEN AUTOCLAVED" stamps which are for use with the Weck Autoclave Pencil alone.

*Autoclaving is not, per se, proof of sterility.



WECK AUTOCLAVE INK SET

	Each	Doz.
Weck Autoclave Ink—2 oz. dropper bottle	\$ 6.50	\$ 65.00
Weck Autoclave Stamp Pad	.75	7.50
Weck Special Stamp	8.50	85.00
Weck Autoclave Pencil	1.25	12.50
Weck Autoclave Leads (Pkg. of 5)	6.50	65.00
Total	\$23.50	\$235.00
Set Price	22.00	Doz. Sets 220.00
Adjustable Stamp	4.00	40.00
"TURNS GREEN WHEN AUTOCLAVED" Stamp	.90	9.00

66 Years of Knowing How



EDWARD WECK & CO., INC. 135 JOHNSON ST., BROOKLYN 1, N.Y.

Manufacturers of Surgical Instruments • Hospital Supplies • Instrument Repairing



Does your Ethyl Alcohol supplier offer your Pharmacy all these advantages?

Dependable service from U.S.I.'s nationwide chain of bonded warehouses eliminates the need for excessive alcohol stocks, solves inventory and storage problems, is your most reliable source in case of emergency

The first requirement the pharmacist would set for ethyl alcohol is *purity*. But once the U.S.P. requirement is met (or exceeded, as it is with U.S.I. alcohol) he would add another qualification: *Service*.

Dependable delivery from a nearby source means the pharmacist doesn't have to keep excessive stocks on hand as a precaution against delayed deliveries. This in turn simplifies his inventory control records. His storage problems are

minimized, yet he knows that the once-in-a-million call for emergency supplies of alcohol will be answered . . . immediately.

U.S.I. offers that kind of service. America's oldest producer of hospital and industrial alcohol, U.S.I. has nine bonded warehouses across the country. Its sales organization has been serving hospitals for half a century.

For your pure alcohol needs, specify U.S.I. — get *purity and service*.




INDUSTRIAL CHEMICALS CO.

Division of National Distillers Products Corporation

99 Park Avenue, New York 16, N. Y.

Branches in principal cities

U.S.I. pure alcohol U.S.P. 

You're always sure

with "SCOTCH" Brand Hospital Autoclave Tape No. 222

- Tells at a glance whether pack has been through autoclave*
- Holds firmly in high steam temperatures
- Leaves no stains or gummy residue
- Sticks at a touch, takes pencil or ink markings.

*THIS IS NOT POSITIVE PROOF OF STERILITY. OF COURSE — NOTHING ON THE OUTSIDE OF A BUNDLE CAN PROVE THAT.



BEFORE AUTOCLAVING



AFTER AUTOCLAVING

BEFORE AUTOCLAVING. Here is "SCOTCH" Brand Hospital Autoclave Tape No. 222 on a bundle ready for the autoclave. This new tape seals packs firmly in half the time required for pinning, tying or tucking. And you can write on it with pencil or ink.

AFTER AUTOCLAVING. Unmistakable diagonal markings appear to tell you the pack has been through the autoclave. The special inks used in "SCOTCH" Hospital Autoclave Tape cannot be accidentally activated by sunlight or radiator heat...only high steam temperatures can bring them out!

REG. U.S. PAT. OFF.
SCOTCH
BRAND

Hospital Autoclave Tape
No. 222

Get a supply of this time-saving, work-saving tape...see your surgical supplier right away!



The term "Scotch" is a registered trademark of Minnesota Mining and Manufacturing Company, St. Paul 6, Minn. Export Sales Office: 90 Park Ave., New York 16, N.Y. In Canada: P.O. Box 757, London, Ontario.



LEVOPHED[®]

"...benefited these patients

in surgical

sho

more than other pressor drugs...¹

ok

LEVOPHED

bitartrate

natural antishock pressor hormone

LEVOPHED (levarterenol) given promptly raises blood pressure in seconds in surgery, hemorrhage, trauma, anesthesia.

Among 111 patients, "...99 exhibited an appreciable increase in blood pressure... Many had shown no response to blood transfusions alone."²

In another series of 75 patients in profound circulatory collapse, Levophed was found most useful where the shock was due to spinal anesthesia, sympathectomy or hemorrhage during surgery. In this "most useful" group the survival rate was 94 per cent as compared to 40 per cent in the total series.¹

With LEVOPHED — onset of action almost immediate... pressor effect easily, accurately controlled... peripheral vasoconstriction only... blood pressure levels maintained almost indefinitely... heart rate slowed, coronary arteries dilated, oxygen supply to heart increased... shock damage to kidney and brain prevented.

1. Eckenhoff, J. E., and Dripps, R. D.: *Anesthesiology*, 15:681, Nov., 1954.

2. Sokoloff, Louis; King, B. D.; and Wechsler, R. L.: *Med. Clin. North America*, 38:490, May, 1954.

Winthrop LABORATORIES
(formerly, Winthrop Stearns, Inc.)
New York 18, N. Y. • Windsor, Ont.

LEVOPHED (LEVARTERENOL BITARTRATE) IS A TRADEMARK OF WINTHROP LABORATORIES, INC.



**YOU'VE GOT A PROBLEM
IN SELECTION
OF PATIENT GOWNS!**

Appearances are deceiving. Unless you know the important differences in Patient Gowns, it is possible to make serious buying errors. "Plus" features may not always be obvious, but they are important to the durability and comfort qualities of the garment. It sounds difficult, and it really is!

But, every day more and more hospitals are solving the problem by consulting with an Angelica Representative. His varied experience with uniform requirements of hundreds of hospitals enables him to select the uniforms best suited to your specific needs.

For instance, should your patient gowns be made of knit material or sheeting? Should they be Redmanized? Sanforized or unsanforized? What type back closures are best for you?

For the best information in the industry, for a complete line of uniforms for dietary, maintenance, operating room, patient and nursing call your Angelica Representative soon. He is as near as your telephone.

Angelica[®]

UNIFORM COMPANY

1427 Olive, St. Louis 3 • 107 W. 48th, New York 36

177 N. Michigan, Chicago 1 • 110 W. 11th, Los Angeles 15

American '57

SQUARE DRESSING STERILIZERS



• The new American '57 Square Sterilizers are research-designed to meet the most exacting of hospital needs...for today, tomorrow and the foreseeable future.

Because of their functional operating features these new sterilizers assure:

- ✓ Greater production of sterilized supplies.
- ✓ More rigidly maintained techniques.
- ✓ Significant savings in staff and supervisory time.

Made, in the American tradition, for long, dependable service, the '57 Square Sterilizers reflect the accumulated skills of sixty years of thoughtful and continuing research.

For complete details
request bulletin C-162



**AMERICAN
STERILIZER**
ERIE • PENNSYLVANIA

ATLANTA, GEORGIA

Every major hospital has assured peak performance

Only Otis maintenance offers



- ☒ "Engineered Service" by the maker maintains the original efficiency of the installation and assures peak performance at all times.
- ☒ Services of factory-and-field trained men with a knowledge of elevating that can't be matched.

- ☒ Availability of original or improved replacement parts for every installation, regardless of its age.
- ☒ Freedom from unexpected, expensive repair bills. There's just one fixed monthly charge. It can be budgeted. It's adjusted annually, up or down, on labor and material costs only. Never because of the age or condition of the equipment.



St. Joseph Infirmary



Emory University Hospital

Grady Memorial Hospital (Old)



Piedmont Hospital



elevators

that increase a building's prestige

"WORLD'S WORD FOR
ELEVATOR QUALITY"

OTIS ELEVATOR COMPANY • 260 ELEVENTH AVENUE • NEW YORK 1, N. Y.

OTIS ELEVATORS and with OTIS MAINTENANCE

these advantages to owners of Otis elevators

- ✓ Guarantee of the maker's high standards of safety through the constant checking and replacing of parts in advance of their breakdown point.
- ✓ Elimination of all guesswork in testing and repairing by using specially designed tools and electronic equipment to minimize shutdowns.
- ✓ Systematic upkeep and replacement of parts extends the life of an installation indefinitely.
- ✓ The value of a maker's pride. A perfectly performing Otis installation is Otis' best salesman. That's why we're never satisfied with anything less than peak performance at all times.

More than 40,000 Otis Elevators are maintained by Otis on a 24-hour-a-day basis through 297 offices across the U.S. and Canada



Crawford W. Long Memorial Hospital



Ponce de Leon Eye, Ear, Nose and Throat Infirmary

Henrietta Eggleston Hospital for Children

Georgia Baptist Hospital

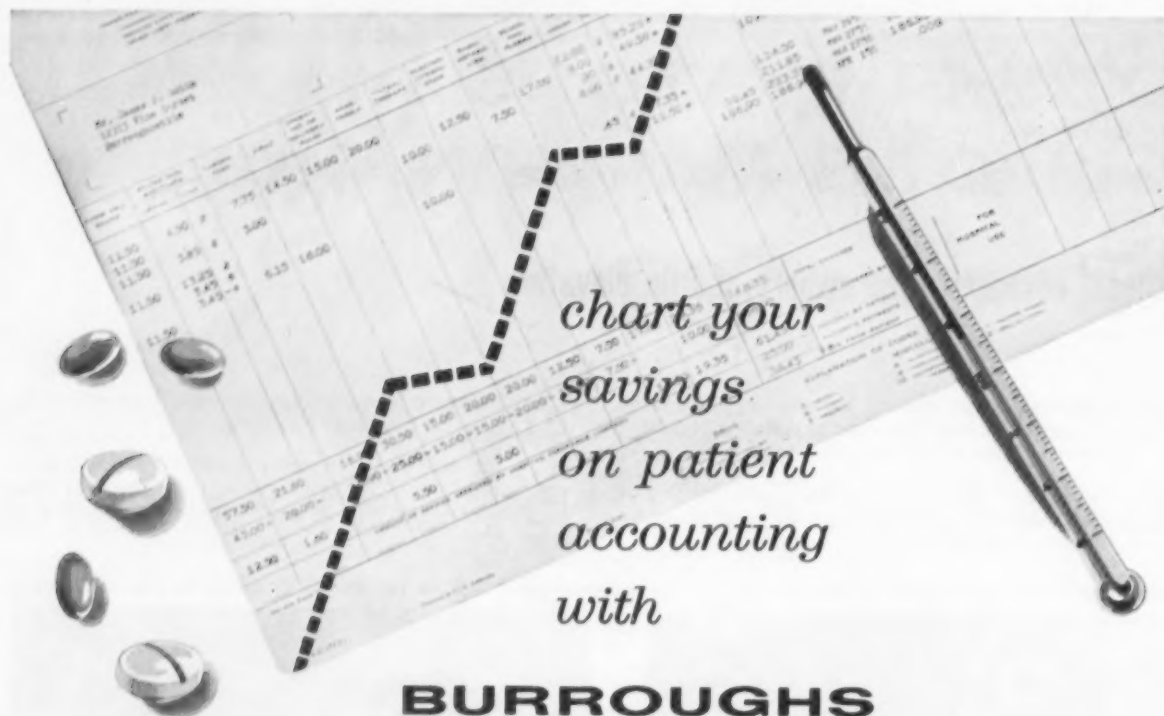


maintenance

that keeps elevators running like new

"ENGINEERED SERVICE
BY THE MAKER"

OFFICES IN 297 CITIES ACROSS THE UNITED STATES AND CANADA



BURROUGHS SENSIMATIC

Burroughs Sensimatic Accounting Machines, combined with the columnar method of distribution of charges, handle patient accounting records with time, work and money savings you can chart immediately.

With this accounting plan, all charges are automatically indicated under the proper heading on the statement. Then, at the end of the accounting period, totals can be obtained by a simple turn of a knob and a press of the motor bar.

A duplicate copy serves as a report to Blue Cross with all information recorded according to their requirements. Amounts due from Blue Cross and from the patients are readily determined.

The Burroughs Sensimatic can be easily changed to perform other hospital accounting jobs as well by a simple turn of the job selector knob. For a demonstration call our nearest branch office. Burroughs Corporation, Detroit 32, Michigan.

WHEREVER THERE'S BUSINESS THERE'S



"BURROUGHS" AND
"SENSIMATIC" ARE
TRADE-MARKS



For Genuine Beauty . . . specify
new "TERRAZZO" pattern



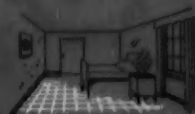
There's more vinyl
 in every tile
 of *Bolita Floor*...
 stays beautiful longer
 ...with or without wax!

Also available in
 22 marbled
 and solid colors!

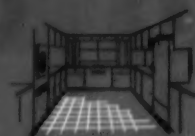
Here is the rich, authentic beauty of old-world terrazzo—in wonderful, modern, "soft-to-the-step" Bolita-Floor vinyl tile! Bolita-Floor is a high-content, homogeneous vinyl floor tile that assures longest wear and lowest possible maintenance costs. Bolita-Floor will keep its gleaming beauty through years of hard use!

"Terrazzo" Bolita-Floor is produced in 15 beautiful decorator colors—and in 6 x 6, 9 x 9, 12 x 12 and 18 x 18 tile sizes ($\frac{1}{8}$ " or .080" gauge).

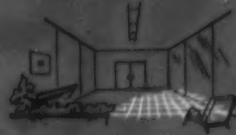
Don't settle for less! Get the genuine beauty of new Bolita-Floor "Terrazzo."



HOSPITALS



HOMES



THEATRES



SCHOOLS

For samples write:

THE GENERAL TIRE & RUBBER COMPANY
 FLOORING DIVISION • AKRON 9, OHIO

Standard of all Comparison

HERRICK STAINLESS STEEL* REFRIGERATORS

***Ruggedly Built to Stand Heavy Wear
in Hot, Busy Kitchens***

HERRICK Refrigerators are engineered for exceptionally long life and trouble-free service. Their extra heavy-duty construction enables them to withstand hard usage. Year in and year out, HERRICK delivers more real value per dollar. For the finest, specify HERRICK Stainless Steel . . . the ultimate in lasting beauty. Write for the name of your nearest HERRICK supplier.

*Also available with white enamel finish.

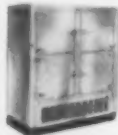


HERRICK Model RSS66
6-Door Reach-In for Remote Installation

**HERRICK manufactures a complete line of
Refrigerators, Freezers and Walk-In Coolers**



Model TSS44
Top Mounted Reach-In



Model SS40FP
Upright Freezer



Stainless Steel
Walk-In Cooler

HERRICK REFRIGERATOR COMPANY • Waterloo, Iowa
Dept. M., Commercial Refrigeration Division



**HERRICK Refrigerators are
Made Better to Last Longer**

Durable, Heavy-Duty Cabinets

Strong, solid construction assures endless years of service. All corners are rounded.

Husky, Oversize Cooling Coil

Provides minimum temperature change from top to bottom. Aluminum housing.

Extra Strong, Slam-Shut Latches

Withstand day-after-day door slamming without breaking down. Convenient.

18-8, 20-Gauge Stainless Steel

Not a plated finish, but a solid metal. Won't crack, chip or peel. Acid-resistant.

Lifetime Fiberglas Insulation

Rot-proof . . . wear-proof. Will not settle. 3" thick in walls, 3 3/8" thick in doors.

Highly-Skilled Craftsmanship

Careful attention to every detail assures trouble-free performance at all times.

Typical Installations

**HERRICK Refrigerators are
Performance-Proved at:**

- St. Margaret's Hospital
Kansas City, Kansas
- Deaconess Hospital
St. Louis, Missouri
- Baptist Hospital
Memphis, Tennessee
- Oak Forest Infirmary
Oak Forest, Illinois
- Borgess Hospital
Kalamazoo, Michigan
- St. Francis Hospital
Milwaukee, Wisconsin
- Rochester General Hospital
(Northside Division)
Irondequoit, New York



New easy way to serve fruit juice: HEINZ INDIVIDUAL TINS

No mess or waste when the nurse serves fruit juices the Heinz way. Available in factory sealed individual portions, each tin holds 5½ ounces of the best juice the ripe fruit will yield. With nine Heinz juices to choose from, it's simple (and perfectly practical) to keep a variety of juices on hand in the refrigerator, available on a moment's notice. Ask your Heinz Man for samples and prices.



HEINZ FRUIT JUICES

YOU KNOW IT'S GOOD BECAUSE IT'S HEINZ

BEDPAN-URINAL PROCESSING . . .

At the Touch of a Button!



with *Castle's*

NEW 8-JET

BEDPAN WASHER-STEAMERS

● **Faster**

Press the button, hold it 2 seconds, and disagreeable bedpan-urinal routine ends right there! It's that simple! Completely automatic operation frees nurse for other routine.

● **More Thorough**

Electromatic operation cannot be interrupted. Human error ruled out. Best of all, unit has *emergency manual control* in case of hospital power failure—keeps running where other units are inoperative.

● **Greater Economy**

Sturdy construction and trouble-free control mechanisms cut burn-out and replacement expenses, virtually eliminate out-of-service periods.

FOR FULL DETAILS write for a copy of Castle Catalog 11 (T). We'll be glad to send it.

WILMOT *Castle* COMPANY

1700 E. Henrietta Rd.,

Rochester, N. Y.



SHAMPAINE MULTI-LINE BASSINETS

- Four basic groups . . . 19 variations include—
 - Single or double storage compartments
 - Side or end-opening drawers
 - Drop-leaf or pull-out shelves
- ... In Silverlux, pink, blue enamel or stainless steel



1820 S. JEFFERSON • ST. LOUIS, MO.

THE WORLD'S MOST COMPLETE LINE OF NURSERY EQUIPMENT

AT THE SINAI HOSPITAL

Rooms are cheerful and homey



They use patient room furniture by*

Carrom



Send for this Booklet

* Furniture Designed
By G. Lues
of Designs for Business

When you enter a hospital room appointed with Carrom Wood Furniture, your first impression is a cheerful warmth . . . a "hominess" that relaxes. At the Sinai Hospital, Detroit, every effort has been made to inspire that feeling. Above is a room scene at Sinai showing a few Carrom pieces including two versions of the interchangeable "Kaleido-Kase" cabinet. All Carrom Wood Furniture is made of selected woods and is sturdily built to provide years of rugged usage. Its Enduro finish makes it impervious to scratches and burns. Whether you want traditional or modern, standard or special furniture . . . choose Carrom Wood Furniture. Write today for Carrom's Hospital Furniture Catalog. It includes the new Kaleidoscope Grouping!

CARROM INDUSTRIES, INC.
LUDINGTON, MICHIGAN

SMALL HOSPITAL QUESTIONS

When to Use Oxygen

Question: There is disagreement among members of our staff about the extent to which oxygen should be used for premature and newborn infants, in consideration of recently released information about the relationship between oxygen and blindness in newborn infants. Are there regulations governing this factor?—C.L.C., Ill.

ANSWER: The following statement on the use of oxygen in premature and newborn infants has been prepared by the Committee on the Fetus and Newborn Infant of the American Academy of Pediatrics:

"The accumulated evidence definitely incriminates the excessive use of oxygen as a major factor in the cause of retrolental fibroplasia in premature infants. 'Excessive use' implies concentrations of more than 40 per cent or the prolongation of administration after the indication for its use has passed. It is possible that even short periods of administration of higher concentration may be harmful.

"On the other hand, the intelligent use of oxygen can be the means of saving the lives of hypoxic, dyspneic and cyanotic babies. It would be unwise to arbitrarily deny adequate oxygen (and perhaps life) to those babies because of possible injury to the eyes of some.

"Accordingly, the following recommendations are made:

- "1. Oxygen should be prescribed only on medical order the same as any drug or treatment. (Except in emergency.)
- "2. Oxygen should not be administered routinely but only upon specific medical indication.
- "3. Oxygen concentration should be kept at the lowest possible level that will relieve the symptoms for which it is given, if possible not over 40 per cent.
- "4. Oxygen therapy should be discontinued as soon as the indication for it has passed.
- "5. Ordinarily, the indications for supplemental oxygen are general cyanosis (not acrocyanosis) and dyspnea. The urgency of treating these symptoms must

rest with the clinical judgment of the attending physician.

- "6. Oxygen concentration must be determined by means of an oxygen analyzer as often as necessary to keep it properly stabilized but at least every four hours.
- "7. A source which does not contain or deliver more than 40 per cent oxygen will insure against exceeding that concentration but may not be adequate in those occasional instances where higher concentration is desired. If such a restricted source of oxygen is employed, additional oxygen should be available for those special instances where it is indicated.

"There are no apparent contraindications to the use of supplemental oxygen in infants weighing more than five pounds."

How Much for Repairs?

Question: Our hospital building is 35 years old and, of course, fully depreciated. We are spending approximately 5 per cent of our budget in repair and maintenance charges, and this seems excessive. Can you tell us what the average charge for building repairs and building maintenance in hospitals should be?—D.H., Iowa.

ANSWER: Of course, the charge for building maintenance and repair varies widely with the type and age of the

plant. In one large group of hospitals submitting operating expense figures for analysis, building repairs and maintenance totaled slightly less than 3 per cent of the budget. In the same group of hospitals, the building and equipment depreciation charge was 4 per cent.

Vacations Getting Longer

Question: Our graduate nurses have always had two weeks' vacation a year. Some of them now tell us we are behind the times and nurses in hospitals elsewhere get three or four weeks. Is this true?—J.K.B., Mo.

ANSWER: Probably the majority of hospitals would still be found in the group giving two weeks' annual vacation with pay for nurses, but there is a definite trend toward development of longer vacations. A substantial number of hospitals now grant three weeks' vacation with pay to professional personnel and some—though the number is small—do give four weeks.

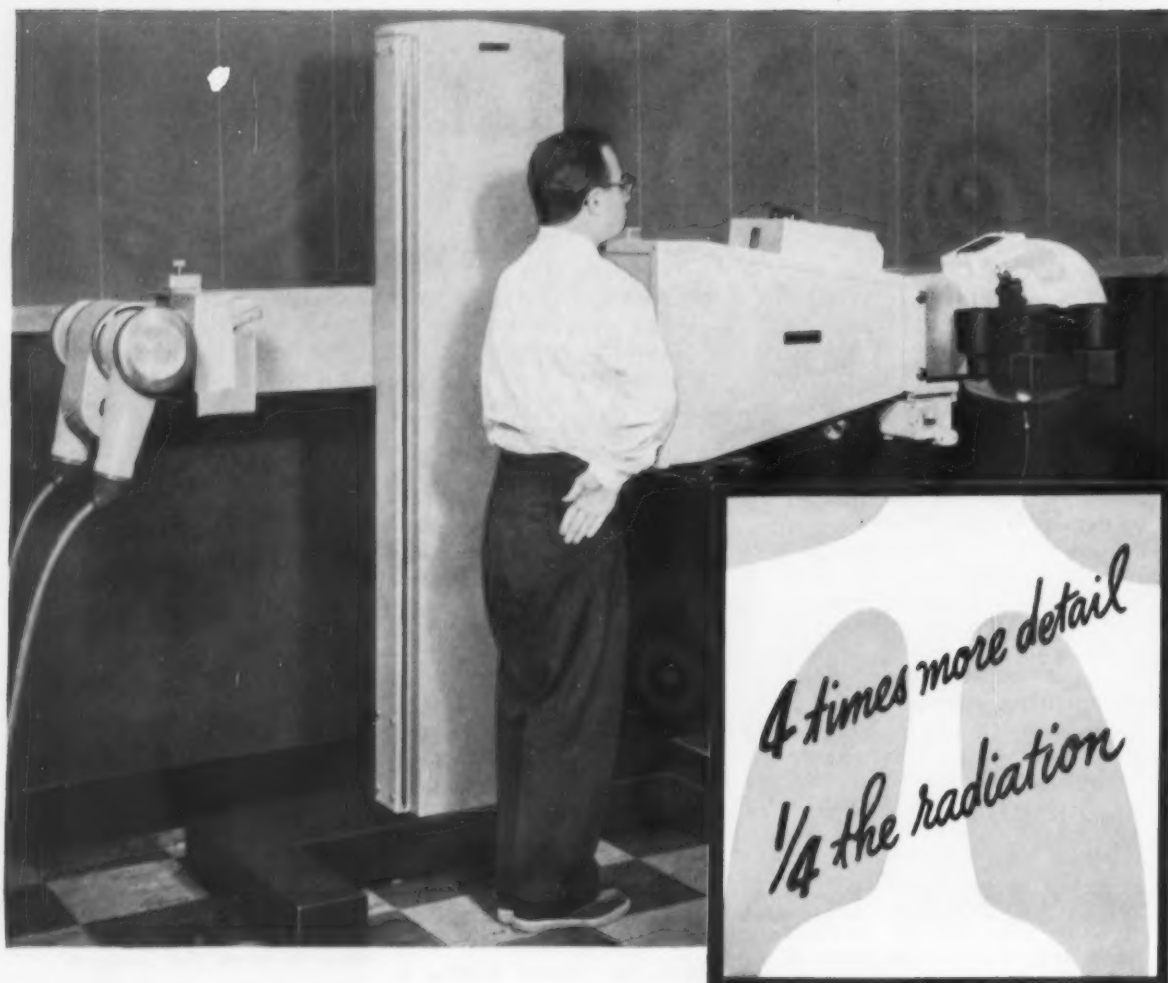
How to Save the Surface

Question: We are interested in knowing whether there is any preservative or weatherproofing which can be applied to limestone or marble exterior surfaces of old buildings to reduce the rate of deterioration. Does the effectiveness of such weatherproofing justify the costs?—W.J., Pa.

ANSWER: Recently, in response to an inquiry regarding waterproofing of stone, we were informed that the Bloomington Limestone Company recommends the use of a transparent silicone base waterproofing. The material can be sprayed on and is effective in waterproofing masonry work. The process may have to be repeated in from three to five years. There is a noticeable difference in the absorption of the stone we have treated and adjacent stone which has not been treated.

Since the penetration of water is the basic cause of the deterioration of masonry, waterproofing will assist greatly in its preservation. We found the cost of applying the material was not excessive.—A. F. GALLISTEL, director of physical plant planning, University of Wisconsin.

Conducted by Jewell W. Thrasher,
R.N., Frazier-Ellis Hospital, Dothan,
Ala.; A. A. Aita, San Antonio
Community Hospital, Upland,
Calif., Pearl Fisher, Thayer Hos-
pital, Waterville, Maine, and
others.



New G-E PHOTOROENTGEN unit provides better films faster

In chest survey programs, earlier discovery of pathology is possible with this new General Electric duplex photoroentgen unit with its Fairchild-Odelca super-speed camera. You get three important advantages: films produced with this advanced mirror-optics system reveal much greater detail — 300% better resolution. Patient-motion problems, major cause of blurring, are sharply curtailed — exposures are cut 75% to 80%. As a result, patients receive 75% less radiation per exposure.

General Electric's complete line of photoroentgen apparatus includes super-speed mirror-optics cameras in both single and duplex models . . . in-line and angle-hood camera designs . . . units with conventional lens systems

. . . roll-film or cut-film operation. Film sizes offered: 70mm, 4 x 10, 4 x 5, and 4 x 4. Actually this range of equipment is so broad you are assured of a unit ideally suited to your individual requirements — whatever your patient load . . . whatever your preference.

Your local G-E x-ray representative can provide full details . . . help you evaluate these units in relation to work loads . . . assure the most practical investment. And be sure to ask him about renting — your alternate way to obtain the finest x-ray apparatus without initial capital investment through the G-E MAXISERVICE® rental plan. Or write X-Ray Department, General Electric Company, Milwaukee 1, Wisconsin, Room. H-101.

Progress Is Our Most Important Product

GENERAL  ELECTRIC

Pittsburgh Color Dynamics

Makes our hospital more efficient,
safer and more satisfactory to work in!

says ROBERT D. CADMUS, M.D., Director
University of North Carolina Memorial Hospital.



COLOR DYNAMICS helps to promote alertness and efficiency at this nurses' station.

BY PAINTING their institutions according to the principles of Pittsburgh COLOR DYNAMICS®, many hospital executives have personally experienced the many benefits which result from such purposeful use of color. They have found that COLOR DYNAMICS provides greater comfort and relaxation for patients at the same time that it improves the efficiency of medical and nursing staffs.

Typical of the comments from psychologists and medical men about the satisfactory results achieved by

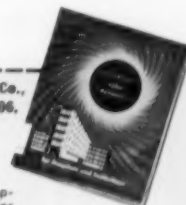
this system of painting is this expression from Dr. Robert R. Cadmus, Director of the Memorial Hospital of the University of North Carolina.

"May I take this opportunity," writes Dr. Cadmus, "to thank Pittsburgh color consultants for helping us to create at Chapel Hill a new and beautiful hospital. This monumental task has required the talents and efforts of many people over a long period of time. But it was the excellent application of the principles of COLOR DYNAMICS which put the finishing

touches to this great medical center.

"Our patients, personnel and visitors all appear pleased with the selection and use of color. Furthermore, we have come to recognize that intelligent use of color is not only decorative but also serves many distinct functional purposes which materially make our building a more efficient, more safe and more satisfactory place in which to work."

Send for this
book—It's FREE!



Pittsburgh Plate Glass Co.,
Paint Div., Dept. MH-106,
Pittsburgh 22, Pa.

☐ Please send me a FREE copy of "Color Dynamics."
☐ Please have your representative call for a Color Dynamics Survey of our properties without obligation on our part.

Name _____
Street _____
City _____ County _____ State _____

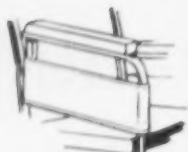


PITTSBURGH PAINTS

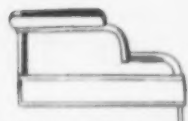
PAINTS • GLASS • CHEMICALS • BRUSHES • PLASTICS • FIBER GLASS

PITTSBURGH PLATE GLASS COMPANY

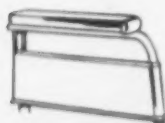
IN CANADA: CANADIAN PITTSBURGH INDUSTRIES LIMITED



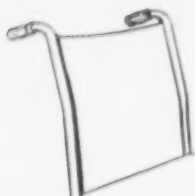
REMOVABLE ARM



REMOVABLE DESK ARM



RIGID PADDED ARM



UPRIGHT BACK



RECLINING BACK



MODEL 56-4255



Save hundreds of dollars with **"BASIC UNIT"** **COLSON FOLDING WHEEL CHAIRS!**

Revolutionary New Multi-Purpose Frames and Interchangeable Features Combine to Meet Every Patient Requirement

Colson's brand new 1956 design adds unsurpassed versatility to America's finest wheel chair! Now from a minimum supply, you can fit the requirements of almost every patient as the need arises. Just combine stock features on a multi-purpose frame to provide a "tailor made" Colson Wheel Chair of matchless comfort.

Built to the highest durability standards, Colson Folding Wheel Chairs are the ultimate in safety engineering. Ruggedly constructed on durable, single unit frames, they're as impervious to collapse as furniture... yet they quickly and easily fold to a slim 11" width. Full frame flexibility gives complete control and maximum comfort, even on rough floor surfaces.

ELEVATING
LEG REST
(for knee and leg injury)



STANDARD
FOOT REST



DETACHABLE
SWINGING FOOT REST
(for tub entry)



NO FOOT OR LEG REST
(for single or double amputees)



INDOOR OR
OUTDOOR TIRES



smoother—quieter—faster rolling
first choice for lasting efficiency

Whether wheeling materials, supplies or patients, the complete COLSON line offers the finest in quality materials and superior workmanship.

The Colson Corporation • General Offices, Elyria, Ohio
Factories in Elyria, Boston, Toronto

Write Today for **FREE, Complete Catalogs!**



NCG has done it again...and
this time it's TWINS



TWO new Flowmeters
made of strong green NYLON

- 1.** FOR GENERAL USE, 0 to 15 LITERS
- 2.** FOR NURSERIES, 0 to 5 LITERS

Shown above in actual size and colors. Turn page for details...NCG®

The new NCG Flowmeters

- Modern Materials
- Modern Design
- Modern Performance

Everything a Flowmeter should have—plus new beauty no Flowmeter has ever had before. NCG has combined modern design and material in another "first" that will make hospital history.

Made of strong green nylon, with clear gauge panels of Lucite*. Lightweight, compact, easy to read, and extremely accurate. Pressure compensated to provide a uniform, unvarying flow of oxygen. And you can tell *exactly* what the flow is, because the thermometer-type indicator can be read at only one point regardless of the angle of vision.

The new Flowmeters have only two moving parts: the float assembly and the needle valve assembly. The valve stem seats against nylon, assuring minimum maintenance. Rugged, safe, easy to connect and adjust. Can be used with all piped oxygen systems to regulate flow through all types of equipment.

Your NCG representative is ready to demonstrate the new Flowmeters for you. Phone or write the nearest NCG office.

No. 24980 Regular Model. Flow is gauged from 0 to 15 liters of oxygen per minute. Open Needle Valve to flood for building up a quick concentration.

No. 24981 Nursery Model. Flow is gauged from 0 to 5 liters of oxygen per minute. Gives an accurate control of oxygen flow into incubators.

* Body of Flowmeter is made of Du Pont "ZYTEL" nylon resin. Gauge panel is made of Du Pont "LUCITE" acrylic resin.

NCG®

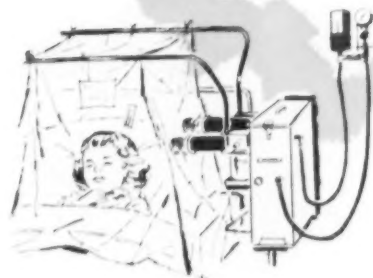
NATIONAL CYLINDER GAS COMPANY
840 North Michigan • Chicago 11 • Dept. 101
Offices in 56 Cities

Copyright 1956, National Cylinder Gas Company

for universal use with



MASKS



TENTS



CATHETERS, CANNULAS



and INCUBATORS



wire from **Washington**

MEDICAL DEPENDENTS

Defense Department is pushing ahead with plans to put into operation by December 8 the most important federal medical law enacted in many years—the military dependent medical care program. Estimates are that at the start somewhere between half a million and a million persons will benefit from it, through government-paid hospitalization insurance. Whether it expands will depend on what inter-pretation military authorities put on one clause in the new law. This is the authorization for the Secretary of Defense to limit or deny private medical care (through insurance) in those areas where in his opinion the military facilities are adequate to handle service families as well as the uniformed men.

For a time it appeared that Defense Department would negotiate with Blue Cross for the entire country, letting Blue Cross work out arrangements through third parties in the areas where it could not supply all the coverage required. Later, the department decided to divide up the business, Blue Cross getting the eastern and western sections of the country and commercial insurance companies handling the central states through indemnity programs. Although at this writing no firm state-by-state map has been approved, the department's decision to divide up the business is about final.

Assuming there is no further complication, the department's special task force will negotiate contracts within the next few weeks. The Blue Cross Commission will negotiate for all the states assigned to it, and insurance pools, yet to be arranged, will sign the contracts for the part of the country to be serviced by indemnity coverage.

While premium charges will be scaled to regional variations, the charge against the dependent will be the same in all parts of the country—the first \$25 in costs of any one illness. Except for this fee, there can be no charge to the dependent for any of the scheduled benefits.

As expected, arranging the medical care phase is proving more complicated. At first Defense Department hoped to handle this through the army areas. This idea had to be abandoned when it became apparent there was not enough time before the December 8 deadline to train teams of officers for negotiating with physicians, Blue Shield or the medical societies.

The plan now is to deal through the separate state medical societies in every state where the society is willing to undertake the responsibility. All except a very few state societies already have indicated that they will carry through.

By now most state societies have chosen their negotiating and fiscal agents (a majority will do their own negotiation), have pledged to agree on a fixed fee schedule, and have promised to set up committees to handle any medical problems developing and to adjust fees from time to time.

Defense Department, after final regulations have been issued, expects to call in state society representatives and work out separate contracts with each state, but all based on a model contract that now has about been agreed upon.

FEDERAL EMPLOYEES

Hope has not been entirely abandoned for another massive federal medical care program—health insurance for U.S. civilian workers and their dependents.

Although three times in the last two years efforts to work out this program have failed, Chairman Tom Murray (D-Tenn.) of the House post office and civil service committee is having another try.

This is the chronology:

In mid-1955 the Eisenhower Administration, thinking it had the support of Labor, offered a complicated system for basic health insurance, with U.S. paying a share of the cost but without payroll deductions.

This was put before Congress, but it was too top-heavy with bookkeeping and was abandoned.

Later in 1955 the Civil Service Commission worked over the original plan, simplified it and increased the federal contribution. But this, too, failed. One explanation was that Blue Cross and the insurance companies could not get together.

This year the Administration tried another approach—straight catastrophic insurance, with the U.S. paying the full premium.

When national spokesmen for Labor joined the American Hospital Association, Blue Cross, and Blue Shield in fighting this, it was doomed, although it had the support of most of the federal worker unions, the Administration, the Civil Service Commission and Secretary Folsom. The opponents argued that the first step should be basic coverage, with catastrophic insurance possibly coming later.

But basic insurance, without payroll deductions, already had been shown to be impractical—and the Eisenhower Administration continued to oppose payroll deductions.

Now Chairman Murray is turning on the White House. In effect, he is saying, "Just why is it you can't let U.S. workers authorize payroll deduction the way other workers do?"

Mr. Murray has instructed the General Accounting Office to find out just what the problems would be in federal payroll deductions. To gather the information, the General Accounting Office has sent a questionnaire to all organizations involved, asking them specifically what the obligation would be on the federal government.

Presumably if the General Accounting Office can't justify the White House opposition, Mr. Murray's committee will demand next session that the payroll deduction system be adopted, regardless of the White House position.

PROPRIETARY HOSPITALS

Hospitals and nursing homes run for profit—generally frozen out of any federal assistance—now have some financial help in sight. Small Business Administration, after several months' delay, has issued its regulations for loans to such proprietary facilities.

Some of the requirements:

To come under the small business category, hospitals and nursing homes must be under 50 beds.

Hospitals must be licensed as such and provide "inpatient medical and surgical care of the sick or injured, including obstetrics."

Money must be used for new construction, expansion or improvement, or for working capital.

Limitations:

Loan may not exceed \$250,000, except that bank participation would increase the total by the amount of the bank's loan.

The total loan may not exceed the investment the owner has in the hospital or nursing home.

The applicant must first apply for private financing, and with his application forward a letter from the private lender stating that he is not able to make the loan.

Regional offices of Small Business Administration will help the applicant with his financial problems at no charge.

UNITED MINE WORKERS

After three years of reduced expenditures, the United Mine Workers Welfare Fund now shows an increase in costs for hospital and medical care, the result of the opening of U.M.W.'s new hospitals.

In the previous fiscal year United Mine Workers spent almost \$43 million on hospital-medical care. This increased to \$47.5 million. The latest yearly total of days of hospitalization was 1.6 million for 95,824 beneficiaries, in contrast to 1.5 million days for 89,513 beneficiaries in the previous year. Physicians' visits increased from 1.4 million to 1.6 million.

The report marks the tenth anniversary of the fund, described by U.M.W. as "the largest nongovernmental welfare fund in the world." It pays pensions and other benefits, in addition to medical.

EXPENSE STUDY

All year Dr. Lowell Coggeshall, Secretary Folsom's top adviser on medical problems, has been pleading with hospitals to develop more efficient and less expensive administrative techniques. He has been particularly interested in such practical aspects as "night" hospitals, where patients would spend the days at their homes or jobs; special units where patients could provide more services for themselves; development of the "buddy system," with patients caring for each other; development of central cafeterias for patients able to move to this extent.

Dr. Coggeshall has complained that hospitals are not alert enough in experiments of this type. Now he is doing something himself. At his request Mr. Folsom has appointed a committee, under Dr. Russell Nelson, director of Johns Hopkins Hospital, to study and develop methods of adapting hospital facilities and services more closely to the varying needs of patients.

Serving with Dr. Nelson will be Ray E. Brown, University of Chicago, and retiring president of the American

Hospital Association; Dr. Robert Elman, Washington University School of Medicine, St. Louis; Charles G. Roswell, Montclair, N.J., hospital accountant; Ruth Sleeper, nursing director, Massachusetts General Hospital, and Marion J. Wright, director of Jennings Memorial Hospital, Detroit.

Said Secretary Folsom: "We do not expect, of course, that the work of any one committee or group in any one field will solve the whole complex problem. But we believe this committee can make an important contribution. . . ."

NOTES

Physicians and hospitals near military bases occasionally find that the federal government refuses to pay for the emergency medical care of a member of the armed forces because he was A.W.O.L. at the time. To hold these experiences to a minimum, the army periodically advises hospitals and doctors to keep this in mind: Attempt to determine as soon as possible the military status of the patient. If he is A.W.O.L. immediately notify the nearest military authorities. The act of notification in itself removes the patient from A.W.O.L. status, and from that time on his medical care costs will be met by the government.

State health officers in a number of states are at work following up a Public Health Service study that showed wide variation in death rates from coronary heart disease in the various states. State officials now are attempting to learn what variations exist within states in an effort to learn what rôle environmental and other factors play in the death rates.

The U.S. Office of Vocational Rehabilitation reports a 14 per cent increase in the number of persons rehabilitated in the last fiscal year. The total was 66,273, still far from the Eisenhower goal of 200,000 rehabilitated annually. It is estimated that the annual earnings of the 66,273 increased from about \$17 million to \$119 million as a result of their return to employment or to more productive employment.

Selective Service is clamping down on physicians in residencies who have neither joined the military reserves or applied for military or P.H.S. approved residencies. State Selective Service directors have been asked to go over their rolls and report all such cases to Washington, with the possibility that some of the men will face an early call to duty.

If party platforms mean anything, legislation for U.S. aid to medical schools should make progress next session. Both parties come out flatly for aid to the schools, with the Democrats leaving the door open for operating as well as construction grants.

The Washington Office of the American Medical Association lists 15 health bills as enacted out of 23 proposed; only major bills were on the list. Most important was the Hill-Burton expansion act.

Some hospitals again will feel the pinch in December when the Defense Department has called on Selective Service to furnish 550 physicians under the Doctor Draft. The army will get 100, the Air Force 200, and the Navy 250. Most will be from Priorities I and II and from nonveterans who completed internship last spring.

Rep. Frances Bolton (R-Ohio), herself a former nurse, is sparking plans for National Nurse Week October 11-16. Cooperating in Nurse Week are the American Nurses' Association, the National League for Nursing, American Hospital Association, American Medical Association, and federal departments.



First in lengthy line-up for free bus rides from Amphitheatre to Loop hotels. After buses got lost in a first day foul-up, transportation system worked fine.

The Modern Hospital

1956

CONVENTION DIGEST

Friends at Last

CHICAGO.—The 58th annual convention of the American Hospital Association here last month proved, among other things, that Chicago's International Amphitheatre is a great place for Chicago's International Livestock Exposition. It is also a good place for the technical exhibition of a hospital convention, and a record-breaking 411 exhibitors were delighted with their displays, and their two miles, more or less, of exhibition space, if not always with the size of the crowds in the aisles.

But the International Amphitheatre is no place at all for the educational business of a convention that may have as many as 20 meetings scheduled at the same time. Created out of the vast empty spaces of the Amphitheatre by

OFFICERS

B. Tol Terrell, administrator of Shannon West Texas Memorial Hospital, San Angelo, Tex., was named president-elect of the American Hospital Association, succeeding Dr. Albert W. Snoko, who became president.

Trustees elected were: Abbie E. Dunks, Boston; Reid T. Holmes, Winston-Salem, N.C.; Raymond K. Swanson, Minneapolis, and Dr. E. L. Harman, Valhalla, N.Y., who was elected to fill the unexpired portion of the term vacated by Dr. Madison Brown, who resigned from the board of trustees because he was appointed to the staff.

Elected delegates at large were: Paul Hanson, Portland, Ore.; Carl A. Lamley, Topeka, Kan.; Edwin B. Peel, Atlanta; S. A. Ruskier, Waverly Hills, Ky., and Clarence Wannacott, Salt Lake City, Utah, elected to fill the unexpired term of Raymond K. Swanson, who was elevated to the board of trustees.

hanging draperies, the rooms where most of the meetings were held were a shambles, and the weird acoustics of the place made it impossible for some audiences to hear what was going on. There were parts of the room where the nurse anesthetists held most of their meetings, for example, from which little that was said at the speakers' table could be heard; yet every word spoken from the same platform was distinctly audible in a men's room 30 yards away, on the other side of a hamburger stand.

In the men's room and elsewhere, a lot of the words were worth listening to, even against uphill odds, and many of the meetings attracted and held large crowds, some of whom stood for hours at a time, like kids at an old-fashioned circus, peering through gaps

If I were in charge of the A.H.A. headquarters building project—



"I'd not abandon the original plan. Before the building is finished, a way will be found to finance its completion."—MILO ANDERSON, adm., Strong Memorial Hosp., Rochester, N.Y. . . . "We need to start with something. We can always expand later. Let's get it started."—CELESTE K. KEMLER, adm., Valley View Hosp., Ada, Okla.

If I were running this convention—



"I'd have more specialized material for a trustee to take back to his local board."—MRS. ST. JOHN WILSON, pres. of board, Mobile Infirmary, Mobile, Ala. . . . "Our basic deficiency at the A.H.A. has been in developing trustee interest in our convention. But our convention program is a policy program, and if trustees could spare a week to attend they would have plenty to take back home."—MAURICE J. NORBY, A.H.A.

If I were merging two hospitals—



"Our merger came suddenly, explosively. Our first question was: Is this going to improve patient care in the community? Next: Are the two boards united in feeling that it is going to improve patient care?"—KARL KLIKA, dir., Presbyterian-St. Luke's Hosp., Chicago. . . . "I'd first try to get trustees, donors and others behind the hospitals to understand why the merger is important for the health of the community."—OLIVER G. PRATT, ed., Rhode Island Hosp., Providence.

in the drapery walls when they couldn't get in and sit down. Registration on the final day of the meeting was expected to exceed 10,000, or slightly less than the total attendance at Chicago two years ago.

Meeting in the huge arena at the Amphitheatre, the A.H.A. House of Delegates was as placid as the prize Holsteins that will be on exhibition there during the livestock show next month. Even when it developed that the association is up to here in steel that was bought and fabricated for the new headquarters building and can't be used now that the top 12 stories of the building have been sawed off, the delegates didn't have any questions. It probably wouldn't have mattered if they had. Outside the delegates' meeting, a man asked an association official how much the unused steel was worth, and he didn't know.

In what was generally regarded as the most significant action taken at this convention, the delegates urged member hospitals to accept the Blue Cross reimbursement formula, instead of billings, for care of servicemen's dependents in areas to be served by Blue Cross under the Defense Department's new, bifurcated plan for dependent care.

The Blue Cross resolution met some opposition, because it would cost some hospitals money (see below). Plainly, however, most of the delegates realized it was time for hospitals to put their money where their mouths have been for 25 years. "We've been telling the nation that Blue Cross offers the best means of financing hospital care," said President Ray Brown, explaining the proposition. "This will strengthen the position of Blue Cross as a social-community agency."

That's what the delegates decided to do—or at least to recommend. Chairman Robert T. Evans of the Blue Cross Commission was frankly delighted. "We couldn't have asked for better or stronger support," he commented. "Blue Cross has some friends we didn't know were our friends."

A real friend, according to Pilpay, the Hindu gymnosophist, "is, as it were, another self, to whom we impart our most secret thoughts, who partakes of our joy and comforts us in our afflictions." If it proved at last, after 25 years, that hospitals are real friends of Blue Cross, the International Amphitheatre convention served a useful purpose for hospitals, and they could give the place back to the cows.

Charity

AFORETASTE of the wit that will be heard in the House of Delegates when President Albert W. Snoke takes the chair next year was provided for a few reporters at the press table during a recess at this year's opening session. "Why don't you fellows organize an American College of Hospital Journal Editors," Dr.



Tol Terrell

Snoke asked, pausing for a moment, "and start your own journal?"

It was one of only a few lively moments in the House of Delegates meetings. In pre-convention briefing sessions held around the country, delegates had asked all the questions and been given all the answers. Queried about these briefing sessions, A.H.A. spokesmen maintained this is done not to stifle debate but simply to make certain that delegates have full information about all the reports and propositions and time enough to consider them thoroughly before they come to the convention. But critics pointed out that while the delegates certainly can repeat their questions and comments in the House, the fact is that after the briefing sessions, they don't. The result is that Massachusetts doesn't know what California thinks, and debating and voting are widely separated as to time, place and circumstance. As a Southern delegate said glumly, "That's segregation."

Aside from the servicemen's dependents issue, not a single word of debate was heard in three scheduled sessions of the 1956 House of Delegates, and the servicemen's dependents issue came up after the briefing sessions were over, just 10 days before the convention, when the Department of Defense decided to divide the country into separate Blue Cross and insurance areas. As it turned out, however, the debate on this issue, which lasted for half an hour at one session and an hour and a half at the next, resulted finally in the boldest action the House of Delegates has taken since it doubled the dues and went into the building business two years ago—the resolve to stick with Blue Cross, come hell or high water, or low payments.

The proposition was put to the House following a slick presentation by Lt. Col. D. C. Buchanan of the

army, who heads a Department of Defense task force assigned to select a system for administering benefits under Public Law 569, which entitles dependents of uniformed servicemen to full medical and hospital care in civilian facilities. The benefits become effective December 8 this year, Colonel Buchanan reported, a circumstance that didn't give the task force much time to look over the field.

When Colonel Buchanan finished explaining the *apartheid* plan the department finally approved, most of the delegates felt that the task force could have used the time it did have to a lot better advantage—possibly by going to the movies. Rejecting the proposals made by Blue Cross and A.H.A. negotiators, the department split the nation into Blue Cross and insurance areas (roughly, Blue Cross got the New England, Middle Atlantic, Southeast, West Coast, Northwest, Southwest, and Rocky Mountain regions, and insurance companies got the Midwest, Upper Midwest, Midsouth and Texas). Hospitals will be paid for servicemen's dependents' care through their own Blue Cross plans in the Blue Cross areas, and through one or more insurance companies in the rest of the country, it was explained. According to the official explanation offered by Colonel Buchanan, the "something for everybody" policy was adopted so the department could study the comparative efficiency and economy of both systems and obtain "information on which is best for us." According to unofficial explanations offered by practically everybody else who had anything to do with the negotiations, however, the reasons were purely political. "It was politics all the way," said a Blue Cross official. "The Eisenhower administration insisted that commercial insurance companies had to be given some of the business. This is 1956."

However it happened it was a mess, President Ray Brown said, in effect, following Colonel Buchanan's presentation. "The Department of Defense used bad judgment," he declared, looking squarely down Colonel Buchanan's throat at two paces. Nevertheless, Mr. Brown continued, hospitals were stuck with the decision and had to make up their minds how to handle the situation. In the insurance states, he explained, there was nothing to decide. Dependents would be handled like any other patients, and the participating insurance companies would make payments at regular hospital billings.

In the Blue Cross states, on the other hand, hospitals had to choose whether dependents would be treated as Blue Cross members, with payment for services established in accordance with existing Blue Cross reimbursement formulas, or whether they should ask for regular billings on these patients, to be paid through Blue Cross as the administrative agency in each plan area. The Department of Defense, or "DOD," as it called itself breezily in Colonel Buchanan's fancy colored slides, would pay either way, it was explained.

The board of trustees had considered the matter, Mr. Brown said, and was divided on which course to recommend. Advantages and disadvantages of both methods had been considered, he added. Among the pros and cons he listed:

1. Sticking to the established Blue Cross formula would simplify the mechanics and administrative routines of handling dependent care payments.

2. The Blue Cross formula would give Blue Cross and hospitals an opportunity to convince DOD this was the best method and would result in substantial savings to the government on the actual cost of dependents' care (for an estimated 100,000 patients a year).

3. It would help Blue Cross sell federal officials on Blue Cross coverage for federal employees and possibly other categories of patients for whom the government may later accept some responsibility.

4. Choice of the Blue Cross formula would strengthen the position of Blue Cross as a social-community agency, primarily interested in patients rather than profits.

Those who favored choice of regular billings also had some powerful arguments on their side, Mr. Brown reported. For example:

1. Use of Blue Cross formulas would mean that different treatment would be given hospitals in different states, something A.H.A. should always oppose.

2. To the extent billings are not fully realized under Blue Cross formulas, hospitals would be subsidizing dependents' care or, in effect, subsidizing the government and the taxpayers, in Blue Cross states.

3. Under the Blue Cross formula, the comparison with insurance operations might turn out unfavorably and result in further losses instead of competitive gains.

Actually, Mr. Brown was careful to

If I were asked to comment on hospital-doctor relationships—



"I'd say they never were at a higher level. And I credit the present accord entirely to Dr. Crosby."—DR. GEORGE LULL, sec'y and gen. mgr., A.M.A. (at right) . . . "I agree with Dr. Lull—on both points."—ANTHONY J. J. ROURKE, consult., New Rochelle, N.Y. (at left).

If we were to swap rôles—



"If I were a surgeon I'd hope to get my colleagues to understand that the hospital administrator and trustees are just as interested in the care of the patient as I am as a doctor. It is difficult for doctors to realize that they are part of a hospital team."—DR. ALBERT W. SNOKE, pres., A.H.A. . . . "I'd keep pounding on the idea that the quality of medical care, including surgical, is the heavy responsibility of the hospital administrator. It is he who can ensure the quality of care."—GEN. PAUL R. HAWLEY, dir., A.C.S.

If I were selling liability insurance to hospitals—



"I'd tell hospitals they can't afford to be without it. I'd try to see that both hospital and public were treated fairly in event of a claim."—JACK A. L. HAHN, adm., Methodist Hosp., Indianapolis. . . . "I'd tell hospitals legislatures have changed the trend against nonsuit and that coverage must be adequate. Hospitals must include insurance in their budgets."—CRAYTON MAHN, form. adm., Wellborn Mem. Baptist Hosp., Evansville, Ind.

explain, the decision would have to be made by hospitals in each state or plan area, and the A.H.A. could only recommend a policy for its member hospitals to follow. What, he asked the House, should that policy be?

Delegate George Hay of Pennsylvania made it clear right away that he wanted no part of any arrangement other than full hospital billings. There were four Blue Cross plans in Pennsylvania, he said, each with a different payment formula, and some hospitals were losing up to 20 per cent on Blue Cross cases. "Why should we subsidize the taxpayers just to be nice fellows?" he demanded. "Why shouldn't the state hospital association determine the method of payment?"

The state associations might attempt to determine their own policies, Mr. Brown replied, but it was possible that in states having more than one Blue Cross plan, both methods would be used.

Answering another question, he added that DOD was going to approve hospitals for participation in the dependent care program, and that non-member hospitals in the Blue Cross areas might not be approved. If they were, however, they would probably get regular billing payments, even if member hospitals in the area were paid according to the Blue Cross formula.

When the House reconvened following an overnight recess, Wisconsin delegate John Rankin proposed that the A.H.A. should dig in its heels and resist the whole concept of a straddled program. "We oppose this plan because it is not the most economical way for the government to buy care," he said. "The government knows this. The only conclusion is that the decision was made purely for political expediency in an election year. The American Hospital Association should inform the public that a serious error in judgment has been made by the Defense Department. It compromises our total philosophy of voluntary medical care and should not be sanctioned by this House of Delegates."

Nobody else, apparently, wanted to go that far, and for the next hour and a half the debate continued, with delegates lining up on both sides of the Blue Cross *vs.* billings issue, and several favoring a policy that would leave the method to be selected by the state hospital associations.

Eventually, Trustee Mary Schabinger of Ohio introduced a resolution that had been considered earlier in the day

by the board of trustees and obviously reflected the opinion of most association leaders, including former President Frank Bradley of Missouri, who was presiding over the House when the resolution was introduced and discussed but made no pretense of remaining impartial.

Briefly, the resolution called for hospitals in the Blue Cross areas to "accept the Blue Cross reimbursement formula in effect in each state or area at the time such hospital services are provided." The resolution also asked member hospitals to "support Blue Cross plans in aggressively seeking to undertake to administer the health care program for dependents," and it also stipulated that A.H.A. and the Blue Cross Commission should make a comparative study of payments in



John N. Hatfield



Stuart Hummel

Blue Cross and insurance states, with member hospitals in both groups co-operating.

As soon as the resolution was introduced, Delegate Hay was on his feet to move an amendment striking out the phrase on accepting the Blue Cross formula, plainly making the resolution meaningless. As discussion continued, it was obvious that the power was on the side of Blue Cross and its friends, and, when a vote on the amendment was finally taken only one or two brave souls could be found to raise their hands along with Delegate Hay after Chairman Bradley had called for the vote by asking for a show of hands from "those in favor of this amendment which emasculates the resolution."

This final session of the House was held in the Banquet Hall of the Saddle and Sirloin Club, a fine, walnut-paneled room in the best tradition of London's guildhalls, its walls completely covered by portraits of leaders in the livestock industry, including Dr. D. E. Salmon, who is credited with eradication of "Texas fever" among cattle. Dr. Salmon's method wouldn't have worked on the delegates, who caught their own Texas fever as the session came to a close and gave popular President-elect Tol Terrell of San Angelo, Tex., a warm welcome.

In its earlier sessions, the House met in the Amphitheatre's arena, where it heard and approved without comment the reports of association officers, committees and councils, pausing from time to time to express appreciation for the energy and efficiency of Dr. Edwin L. Crosby, executive director, and members of his headquarters staff. These expressions of confidence in the staff reached a climax immediately following a detailed explanation by John N. Hatfield of Chicago, association treasurer and chairman of the building committee, of the whole building situation — especially the embarrassing circumstance that has left the A.H.A. in a long position in the steel market. Unexpectedly, Delegate Stuart Hummel of Wisconsin rose to report that his hospital had just voted a \$3000 contribution to the A.H.A. building fund, predicated on the fact that the benefits of membership far exceeded dues. Delegate Hummel then proposed establishment of an organized campaign to raise funds from member hospitals and other sources, to help retire the building debt.

The motion was passed without discussion, and, as Ray Brown explained later, the trustees would have to decide what kind of campaign was to be conducted. At any rate, he added, the House's action was accepted and appreciated as a vote of confidence in the board. Coming when and how it did, it said in effect, "Don't worry about the building debacle, boys and girls. We all have our troubles."

Charity suffereth long and is kind, St. Paul told the Corinthians.

General Sessions

THE American public, and, particularly, that segment of the public sweepingly labeled "business and industry," has its foot firmly planted in the door of every voluntary hospital these days. And the hospital had better not tromp on that foot; it's likely to kick back.

So much was made clear at the general sessions, Monday, Tuesday, Wednesday and Thursday afternoons in the vast arena of the International Amphitheatre. Beginning with Dr. Theodore Klumpp, chairman of the Hoover Commission's Task Force on Medical Services, who stated that "the pattern of medical care will be quite different from what it is today and our hospitals will be different too—different in

function, organization and even architecture," speaker after speaker cited, chapter and verse, the ways in which hospitals are being integrated with all phases of community life. Hospitals that have remained aloof from their communities were warned bluntly by Dr. Klumpp to come down off their lofty perches before it is too late.

Said Dr. Klumpp: "The hospital is still only a repair shop where broken bodies are sent to be mended. Some day it will also be a maintenance shop where the most intricate mechanism in the world will be sent to find out how it can be better cared for to prevent damage. This is, in my opinion, the most significant change in function, or mission if you will, that faces the hospitals of the future. The important thing, however, is for our medical men and hospital administrators to be the leaders in this inevitable trend rather than find ourselves the reluctant objects of social planning by well meaning amateurs who have a good idea but don't know how to make it work."

Dr. Klumpp considers it a paradox that hospitals should be so poor in a country so rich and believes it is unfair to expect them to continue to assume the burden of the costs of medical care without help. He is intrigued with the fact that the public as a whole spends almost as much for funeral expenses annually as it does for medical care. There's a moral in it somewhere.

Dr. Jack R. Ewalt's machine-gun delivery made it a bit difficult for his audience to keep pace with his recital of the program of the Joint Commission on Mental Illness and Health of which he is chairman, but it got the idea that the project and the needs for mental health care are only slightly less than colossal. Among the questions Dr. Ewalt's commission hopes to answer is one that is not often raised and that is "whether the increased discharge rate [of mental patients] is due to better acceptance of imperfectly cured patients into the community or whether it is due to actual better treatment of the patients."

Like business and industry, the government has a great interest in hospitals and their efforts to bring costs and income within whistling distance

of each other. Dr. Lowell T. Coggeshall, special assistant for health and medical affairs to the Secretary of Health, Education and Welfare, suggested a few innovations toward making the patients more self-sufficient when their health permits, thereby cutting down on some of the expensive care that is rendered on the unrealistic assumption that every patient has to be waited on hand and foot all of the time.

"It is my hope," said Dr. Coggeshall, "that many hospitals, large and small, will experiment with possible ways of allowing patients to perform more services for themselves. Patients who are able to be out of bed should be encouraged to go to a dining room or cafeteria for their meals. In some cases, they might do light housekeeping in their rooms, and certain rooms or special wings could be designed or set aside for this. Sometimes, if hospitals were so arranged, patients' relatives and friends could come in and give part of the personal care. This has been successfully demonstrated in children's hospitals and children's wards."

Dr. Coggeshall raised a question that may wound the medical profession to the core: He wondered aloud whether all of the routine diagnostic laboratory tests which doctors blithely order for their patients are actually necessary. "How frequently are we using nonproductive tests? What, really, is the value of each of the tests that are routinely run on virtually every hospital patient? What do they cost?"

While he was in the bombshell-throwing business, Dr. Coggeshall also recommended that hospitals should get away from the idea that "everyone must do something to or for the patient at the same time." He hopes to see further experiments with home care programs, day hospitals, night hospitals, and so-called "half-way" houses for patients who are gradually being rehabilitated to work situations.

UTILIZING RESOURCES

At the Tuesday session, three members of the public had a chance to tell what they considered good values in hospital care. One of these members was Nathan J. Stark, vice president, Rival Manufacturing Company, Kansas City, Mo., chairman of the Community Chest of the Kansas City Area Hospital Study Committee, and board member of the Kansas City Area Hos-

pital Association. Mr. Stark let it be known early in the proceedings that industry has a large stake in the management of hospitals.

"Business and industry," Mr. Stark pointed out, "have largely replaced the individual benefactors in the matter of finance. Unfortunately, business and industry have too often been used only as a source of funds, a pocket-book, a means to fill the hospital coffers; but seldom has it been chosen as a partner to help plan; to extend to the hospital its resources of organization and management technics."

"Industry has been particularly critical of the patently trumped-up claims of some hospital expansion programs. Coming on the heels of each other, different appeals quote widely divergent figures to demonstrate their shortages, in reality making it very easy to compare and conclude that something is wrong with the figures and the claims are obviously spurious. Industry is deluged with appeals from groups claiming the need for entirely new hospitals based on the old "emergency care" plea, implying that people may die because of distance to other hospitals unless this new institution is built. The fact often is that the hospital, as projected, does not contemplate a 24 hour emergency room service, staffed with doctors, and that the new hospital would be located no more than minutes away from an already established institution."

It is worth a good deal to industry, Mr. Stark stated, to have available to its employees a high quality of hospital care, but it is also of prime importance that there be good planning and action to avoid wasteful duplication of facilities and personnel brought about by haphazard planning. "Intelligent and economically sound planning makes good sense to all of us and particularly to those who through monetary contributions give, give and give."

A striking example of how hospitals can work with the entire community to solve the problem of financing hospital expansion was described by Harrison M. Sayre, president of the Hospital Federation of Columbus, Ohio. Eight Columbus hospitals, Mr. Sayre explained, needed a total of \$25,000,000 to meet obvious hospital bed and nursing school requirements for the conservative population estimates in 1960. This was manifestly impossible of achievement in a city of 600,000 population, so all the com-



Dr. Theodore Klumpp

If I were going to retire next month—



"I just don't think I'd ever retire from it. You don't get hospitals out of your system."
—BOONE POWELL, adm., Baylor Univ. Hosp., Dallas, Tex. . . . "Haven't given it a thought. If I weren't administering a hospital I'd stay in some phase of the business—as a volunteer if necessary."
—EDWIN PEEL, adm., Georgia Baptist Hosp., Atlanta.

If we were to swap rôles—



"I'd make it clear to young men early that hospital administration is a good profession, that they should start specializing in it, and not vacillate."
—DR. VANE HOGE, U.S.P.H.S. . . . "I'd still try to convince the Public Health Service that the definition of public health includes hospital and medical building, instead of privy building."
—DR. JOHN R. MCGIBONY, prof. hosp. adm., Univ. of Pittsburgh.

If I were chairman of a hospital board—



"I'd start a home care program. The acute general hospital sees how soon it can toss the patients out the window. The hospital must extend its medical arm into the community."
—DR. E. M. BLUESTONE, consult., father of home care program. . . . "The family's shock at seeing a mutilated or chronic case come home adds to the patient's despair. Here the visiting nurse must step in to aid the hospital's continuing medical supervision."
—JANET M. GEISTER, R.N., writer, Chicago.

munity resources—public funds, private contributions, the reserves of the hospitals, and loans—were called up. A \$15,000,000 bond issue, overwhelmingly approved by the voters, was the basic step. The remainder will come from a selective public campaign for \$5,600,000; nearly \$3,000,000 from earlier gifts, bequests and reserves, and an estimated two or three million dollars from loans.

On the basis of the experience in Columbus, Mr. Sayre recommended that all hospitals in a given community should work together to provide for their needs instead of trying to go it alone.

"Hospital councils," he stated, "must accept responsibility for initiating hospital planning; otherwise, the community will do so, perhaps to the neglect or embarrassment of existing institutions. . . . Any committee for hospital planning should definitely include top community leadership, as well as trustees of the participating hospitals," he concluded.

Thursday was "let's-get-it-off-our-chest day" at the A.H.A. convention, and the stalwarts who held out to this last session of the last day had a rewarding time. Representatives of medicine, nursing, administration, Blue Cross and Blue Shield affably kicked one another in the shins for their lack of "understanding," all the while cordially agreeing that with a little understanding the wrinkles in hospital professional relations could be ironed out.

A.H.A. President Snoke set the tone of the meeting when he introduced A.M.A. President Dwight H. Murray of Napa, Calif. Said Dr. Snoke: "Regardless of differences of opinion, we are all united for the best possible care of the patient. I have the highest regard for Dr. Murray even though we don't seem to agree on much of anything." At the conclusion of Dr. Murray's speech, Dr. Snoke still didn't agree with him.

Dr. Murray started by probing at a thorn which has been rankling in organized medicine's flesh for some time: "Our opposition to the actual employment and/or exploitation of physicians by hospitals does *not* rest on a financial or an economic basis," he stated. . . . "I say that this question of the employment of physicians, surgeons, obstetricians, radiologists, pathologists, anesthesiologists or any other specialist by the hospital is not merely a question of who is going to

get remunerated by the patient. It involves the patient and his personalized care by the physician of his choosing who is directly responsible to him, the patient."

The ironing out process referred to should come at the local level, Dr. Murray believes, with complaints being considered in the privacy of hospital staff meetings. He recoils from litigation and legislation, which, he declared, have not been good for either side.

Whenever doctors, nurses and administrators get together, the question of relationships is discussed, but few constructive decisions as guides to action have come out of the discussions, according to Ruth M. Sleeper, R.N., director of the school of nursing and nursing service at Massachusetts General Hospital, Boston. Miss Sleeper, who has done as much as any nurse in the business to develop liaison between hospitals and the nursing profession, took a fairly dim view of the future of nursing which, she said, is badly cluttered with confusion.

"It would be helpful," Miss Sleeper pointed out wistfully, "if those who work with us could understand our situation and know how we feel. To the doctors a nurse is a student and recruitment of nurses is recruitment of students. That very misunderstanding makes nurses look at doctors and wonder why the doctors expect nurses to understand the changes in medicine and make no effort themselves to understand the changes in nursing."

Answering the critics who have charged that nurses are being "over-educated," Miss Sleeper said: "Would that we had had the courage in the past to overeducate more nurses! We might have more teachers of nurses today."

Even Blue Cross and Blue Shield are not in complete agreement on all points, it was made clear by their spokesmen, William S. McNary, executive director of Michigan Hospital Service, Detroit, and Dr. Norman A. Welch, chairman of the Blue Shield Commission, Boston. On one subject, though, they stand firm and united: Neither organization wishes to be drawn into any wrangles between hospitals and doctors over which services are "hospital" and which are "medical." They are willing to pay the patients' bills, that being what they are in business for, but they don't propose to get into any disputes regarding the "how" of payments.

Round Tables

WHEN Dr. Anthony J. J. Rourke uttered a wisecrack at the accreditation round table in Room 11 at the International Amphitheatre Tuesday, the people across the corridor in Room 12 laughed uproariously. The people in Room 11 merely smiled politely on the assumption that Dr. Rourke had said something amusing—because he usually does, not because they heard what it was.

It was just one incident among the dozens that took place during the round table sessions when the horrible acoustics of the velvet-partitioned roomettes used for the sessions defeated speakers and listeners alike. As Dr. Rourke explained sadly when a member of the audience asked him to speak louder—"If I talk loud, they'll complain. They've complained about me twice already." He talked loud. With no microphones to aid them, all of the speakers had to scream.

"They" had already complained vigorously at the sound track of the film "Prescription for Disaster" being shown at the safety round table, so the sound was cut to a hollow whisper while the audience strained to listen to the explanation of what was going on. Fortunately for all concerned, what was going on was both interesting and virtually self-explanatory. The film recorded the fire safety training program put on by Lt. Robert McGrath of the Chicago Fire Department at Presbyterian-St. Luke's Hospital in Chicago. Step by step, the film showed how the lieutenant trained the nurses to remove patients from their beds and also how to fight fires of various types. It was an impressive performance and the script writers had thoughtfully written on the film a brief explanation of each of the various carries used by the nurses, so the inaudible narration didn't matter.

It mattered a great deal, however, during the next part of the safety session when Sister M. Theophane, administrator of St. Joseph's Hospital, Lorain, Ohio, was explaining the safety program at her institution. Sister Theophane had hurried into the session a bit late from having received a special award from the American Hospital Association for her hospital's astonishing safety record of three years without a single lost-time accident: a total of a million man-hours of work without an absence resulting from an accident. The audience

wanted to know how she did it but a large portion of her explanation will remain a mystery to her hearers. The gentle-voiced Sister was no match for the row going on all around her.

Briefly, the safety record at St. Joseph's has been the result of an intensive survey of potential hazards—both physical and mental—in the hospital, followed by an unremitting educational campaign among employees at all levels to make them not only conscious of but enthusiastic about the need for safe practices. The accident report form used at St. Joseph's, Sister Theophane stated, includes space for recommendations on how to correct the cause of each accident. Whenever an accident does happen, these recommendations are included by the person who turns in the report and they are carefully studied.

Another measure that has contributed to the hospital's safety record, Sister Theophane believes, is the employment of a full-time health nurse, who zealously spreads the gospel of safety to all the employees she works with.

That the convention-goers were earnestly seeking answers to their several problems was evidenced by the great numbers of them who crowded into or hung around the fringes of the 15 sessions. Judging by the size of the groups, the problems uppermost in the administrative mind these days are: accreditation, the corporate practice of medicine, determining staffing needs, trustees, and accounting. Those who were fortunate, or foresighted, enough to have got seats in the front rows stayed right there (not that they could have left if they'd wanted to) and some lively discussions took place between speakers and such listeners as could hear them. Those in the back of the room either talked to their neighbors or drifted off to try their luck elsewhere—when they could find the particular session they wanted.

That wasn't easy, either. One lost soul wandered up to another and plaintively inquired the way to Room 4: "I've gone around and around this place for 10 minutes and I haven't found it yet." The tremendous size of the amphitheatre plus the unfathomable system of numbering the meeting rooms conspired against the delegates—and many of them just gave up and trotted back to the exhibits, which were easily identifiable and where coffee, kindness and miscellaneous edibles were freely offered.

If I were choosing the convention city for the future—



"I'd pick Chicago because it's central, Atlantic City for the ocean, and San Francisco for the lovely climate."—DR. W. W. KNOWLTON, State Sanatorium, Westfield, Mass. . . . "I'd choose Chicago because it is central. It isn't too bad getting out to the stockyards."—LT. COM. L. E. MUDGETT, Letterman Gen. Hosp., San Francisco.

If I were hiring personnel—



"I'd hire walk-ins for unskilled jobs. I average about 60 per cent success with these. But finding skilled workers or specialists, that's really hard. Know where I can find an anesthetist or radiologist?"—C. J. GREEN, supt. Norfolk Community Hospital, Norfolk, Va. . . . "If we could pay more we'd have a better chance. For specialists we go to the medical agencies."—GEORGE C. ALLEN, adm. ass't, Provident Hosp., Chicago.

If I were a woman thinking of a career in hospital administration—



"I wouldn't urge a girl to go into the field. She would have to get professional people to cooperate, and if she used her feminine charm for the purpose it might be good or bad."—LT. RICHARD A. YARMAIN, registrar, Air Force Hosp., Lowry Air Force Base, Denver. . . . "There is a place for a woman with exceptional administrative talents, probably in a small rather than a large hospital."—CHARLES STUMPF, adm. ass't, Beth Israel Hospital, Boston.

Nursing

All's right with a round table when the standees keep on standing and the sitters rise up to whine and shine.

Staffing the wards, Tuesday's nursing topic, drew that kind of attention, and quite a lot of it was male attention. If anybody had the answer to the staffing question, they were there to learn.

A Milwaukee nurse executive did have an answer, but the audience heard it and merely groaned. Her hospital has a 100 per cent graduate nurse staff and a starting salary of \$325 a month.

The nearest most of the others came to that figure was when they heard that it costs \$300 for each turnover in the nursing staff. Turnovers they knew everything about except that cost figure.

The group went home determined to do as told in regard to staffing: (1) evaluate the individual hospital situation; (2) set up immediate staffing goals, and (3) strive for long-term goals.

They learned that the "good old nurse," whose return some are longing for, went the way of the "good old doctor." Today it's the team concept and no getting around it.

Also today and tomorrow it's the intensive care unit, for the average private duty nurse isn't able to care for some of these acutely ill patients. Some hospitals add \$5 to the bill for the increased cost of patient care and put the acutely ill patient into a group nursing situation, where all types of equipment are available. This intensive care unit is staffed about like the recovery room with a 2 to 1 ratio of graduate to auxiliary nurses.

Panelists and audience agreed that the nurse must do the charting of treatment and observation procedures but that clerks can do the routine charting. Moreover, something could be done to simplify the nurses' note sheet; part of it could be put in checklist form, for example.

There's a slowly growing national trend toward unlimited visiting hours, it was held. In most places the nurses like this idea because they are not swamped with visitors at certain times and so don't have to plan their work schedules around visiting hours. Visitors at mealtime help feed small patients, and they perform many slight errands that the nursing staff is asked to do. Nurses think there actually are fewer visitors when the public's freedom isn't restricted.



Portrait of late Dr. Arthur C. Bachmeyer, by Edmund Giesbert, unveiled at opening meeting of house of delegates by Past President C. Wilinsky.

Outpatients

It used to be a stepchild; now it's "the wave of the future" or maybe the "mainstream of medical care." Regardless of the metaphor it pops up under, the old, beat-up outpatient department is due for a change—and not a moment too soon, according to the experts on the outpatient round table.

Under the vigorous chairmanship of Dr. Robert R. Cadmus, director of North Carolina Memorial Hospital, Chapel Hill, the trend toward ambulatory care of the patient and the hospital's rôle in that trend got a thorough going-over, despite competition from a highly vocal dishwasher (mechanical) on one side and the lively trustee session on the other.

Sprightliest of the speakers on the panel was L. Russell Jordan, business manager of medical outpatient clinics at Duke Hospital, Durham, N.C. Mr. Jordan had some hard words to say about the reluctance of hospitals to build up their outpatient clinics to meet the growing needs and also about their "sluggishness and sloppy business organization."

As an expert on business administration, Mr. Jordan is scandalized by the archaic attitude of hospitals toward businesslike methods. "You can't separate good business practice, good medical care, good teaching and good administration—because they all go together in one package," he said.

Although he feels encouraged by the improved quality of care rendered by the best outpatient clinics he has visited, Mr. Jordan is appalled by the deficiencies, both qualitative and quantitative, he has found among the

administrative staffs of many clinics. "How can we think to support first-class medicine and first-class nursing with third-class administrative employees?" he inquired indignantly. The result of trying to do just that, in many instances, has been nurses and even doctors taking over routine duties that "a good high school graduate could do better for \$150 a month because it's her full-time job," he said.

Another practice to which Mr. Jordan takes exception is the use of women volunteers as "cheap labor" in the outpatient department. It's not fair to the volunteers or the patients, he contends, to put some willing but untrained lady in charge of such a complex business organization. He believes auxiliaries serve best as guides and hostesses performing services for individual patients, and that's where they should be used.

Finally, Mr. Jordan foresees a bright new day when hospital administrators come right out and admit that doctors are important people and not just a necessary evil. "The patients don't come to see us and sit on our hard benches," he concluded. "They come to see the doctor! Smart as we are, it would be difficult for us to run a clinic without doctors. We must learn to communicate with them and get their cooperation. And you'd be surprised at how much pleasanter life can be when you have that cooperation. If you and the doctors aren't broadcasting on the same frequency, for God's sake at least tell 'em which channel you're on."

The dishwasher gurgled approval.

Reimbursement

A reimbursement contract becomes necessary when a significant amount of a hospital's business (more than 10 per cent) is done with third parties, C. Rufus Rorem of the Hospital Council of Philadelphia told a perplexed and not very articulate group of administrators at a Tuesday round table. Dr. Rorem asserted that in many hospitals in his vicinity from 60 to 75 per cent of the inpatients' bills are paid by a third party.

Carl K. Schmidt Jr., superintendent of Cook County Institutions, Oak Forest, Ill., speaking from a welfare department background, explained that most government agencies simply do not have the money to approach payment of full costs.

From then on the round table panel
(Continued on Page 180)

How Not to Build a Hospital

**Generosity and high ideals alone are not enough
to ensure success. They must be backed up
by sound financing and functional architecture**

JOHN FRENCH ALLEN

"Grant me strength, time and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend infinitely to enrich itself daily with new requirements. Today he can discover his errors of yesterday and tomorrow he may obtain a new light on what he thinks himself sure of today."

THESE words from the Oath and Prayer of Maimonides, the great Twelfth Century Jewish philosopher-physician, are strangely appropriate to a discussion of a San Francisco hospital that bears his name.

Today the members of the city's Jewish community are making financially and philosophically painful discoveries about their errors of yesterday, errors that went into the planning—sociological, fiscal and architectural—of Maimonides Hospital.

They are discovering, in short, how not to plan and build a hospital. It has been a dreadfully expensive lesson. For Maimonides, conceived in generosity and high hope, is about to close the doors on its present program after only five years of operation, burdened beyond saving by financial woes.

It should be said at the outset, however, that the financial failure of Maimonides can in no way detract from the "enriching spirit of men"

which conceived it, nor from the riches of partial or total rehabilitation wrought on the 2886 patients discharged during its brief lifetime.

The story of Maimonides is one of ideals without practical ideas, architectural beauty without function, the fulfilling of a need without any assurance that the cost could be met.

The idea for Maimonides grew out of studies by San Francisco's community chest and by the Federation of Jewish Charities, which found a grave lack of facilities for the care and rehabilitation of the city's chronically ill. The

federation took upon itself the job of raising funds for what was to be known as the Maimonides Health Center. As is typical of Jewish charitable work, it was planned from the start as a nonsectarian endeavor, and throughout its subsequent career more than half of the center's patients were non-Jewish. The plan—first announced in 1945—was that sufferers from paralysis, arthritis, cancer, heart disease, kidney diseases, diabetes and similar ailments should be given rehabilitative treatment in the hope that many could be returned to a useful life as quickly

Entrance to Maimonides Hospital in San Francisco, designed for the care and rehabilitation of the chronically ill. Across the street (behind bus) is the entrance to the emergency room of Mount Zion Hospital.



Mr. Allen is science editor of the San Francisco Examiner.

as possible. There was never any intention that the center should become merely another hopeless home for the chronically ill.

The community chest gave its wholehearted support to the project, and Chest officials certainly implied, according to the memories of many who were active in the original campaign, that annual financial support would be forthcoming. It never was, and, although no one will now be quoted, there remains still a trace of bitterness toward the Chest among those who have seen their dream fade in the light of financial facts.

THIS WAS FIRST MISTAKE

This, then, was the first mistake, the first lesson in how not to plan a hospital: this failure to obtain solid commitments for future financial support from the Chest and from other sources.

There is a dreamlike quality about the early brochures issued by the federation when a drive for an initial \$400,000 was launched in November 1945. One such brochure estimated that "the cost of care in an institution for the chronic sick is only \$5 to \$6 per day." Certainly, that was a low figure even for 1945. Today the cost at Maimonides, even after every possible economy, is \$20.77 per patient day.

The second major mistake was in the choice of an architect. No one questions the esthetic genius of the late Eric Mendelsohn. But then, neither has anyone ever accused him of having been an expert in hospital design, although it would be difficult to place the blame solely on him, since presumably he had, or should have had, plenty of expert advice.

The building Mr. Mendelsohn designed rises eight handsome, soaring stories from the back of a deep lot on Sutter Street. Directly on the street is a box-like single story which houses offices, while between this and the hospital proper is a connecting passageway and an open garden court. The chief architectural feature of the main building is the tier on tier of jutting balconies, designed to give each room on the top six floors a private bit of outdoors.

Since these balconies have been mentioned, we may as well get onto the subject of architectural malfunction, somewhat out of chronological order. It is typical of the whole tragic story that the balconies have never been used. Before the first patients were

moved into Maimonides more than five years ago the then administrator made routine application for patient liability insurance. He was turned down flat by every company, on the grounds that the balconies constituted too great a threat to patients who might tumble to the ground below. So, from the start it was necessary to seal the doors between rooms and balconies.

Later, when attempts were made to reduce heavy losses by increasing the number of patients per floor, rooms were enlarged by moving their walls out to the outer edges of the balconies.

This brings us to an even more primary architectural fault: the size of planned nursing units. The entire hospital was designed for just 87 beds, an average of under 15 patients for each of the upper six floors. This, of course, meant a separate nursing unit for each floor—for each 15 patients—an extraordinary financial luxury.

Speaking of a later day, when floors had been replanned to accommodate 25 to 27 patients each, Mark Berke, director of Mount Zion Hospital, who has been saddled with the hardly happy job of disposing of the remains of Maimonides, had this to say:

"Certain intrinsic factors at Maimonides contribute to an inefficient program. There are imperfections in the structure that make it difficult to run an economical operation.

"For example, each floor is a single nursing unit of 25 or 27 beds. Patients who are chronically ill, or who are nursing home patients, could readily be handled in a unit of 50 beds, with an obvious saving in personnel."

SERVED BY MOUNT ZION STAFF

One of the few original plans for Maimonides which made good economic sense was that it should be serviced largely by the medical staff of Mount Zion Hospital, which, aside from the two great university teaching hospitals (Stanford and the University of California) is San Francisco's best hospital and research center. With this thought in mind Maimonides was built across the street from the back entrance to Mount Zion. But even this plan went awry because of the lack of a physical connection between the two buildings. And now the future use of Maimonides is strictly limited, ironically enough by the very plan which was to bring it economic aid. It cannot become a self-contained hospital

unit because it lacks surgical and medical units, a laundry and other basic facilities that Mount Zion has provided. The cost of installing such facilities would be prohibitive, studies have shown, particularly because Mr. Mendelsohn built too well and left no possibility of attaching additions to his structure. It has also been determined that, because of the setback location of the main building, a tunnel or bridge connecting it with Mount Zion would not be practical. Mr. Berke sums up the problem thus:

"The inadequacy of hospital facilities and the lack of physical connection between Mount Zion and Maimonides make it impossible to be flexible in the type of patient admitted to Maimonides.

"In addition, they bar Maimonides from obtaining a license to operate as a general hospital, which fact enables insurance companies, including Blue Cross, to refuse to pay for Maimonides patients.

"With patients unable to support themselves for long-range care, and with no city or state program to subsidize the cost of such care, the lack of insurance coverage makes it difficult, although not impossible over a long period of time, to obtain a steady source of full-pay patients."

OPENED WITH GREAT FANFARE

Maimonides finally opened in May 1950, with great fanfare and with more than \$300,000 of its \$1,100,000 cost remaining in the form of a mortgage. From the start it lost money. Not only was there no subsidy money available for its support from community chest, city, state or federal sources, but the proportion of full-pay or part-pay patients to charity patients was well below expectations. Officially, rates at the start were \$23 a day for nine deluxe rooms, \$14.50 a day for two-bed wards, and \$11.50 for four-bed wards. (One wonders what happened to the \$5 to \$6 rates quoted in the campaign brochures.)

The net result was that early in the game the Jewish community, through its welfare organizations, was called upon to carry a trying financial load. In view of the fact that at least 60 per cent of the patients were of other faiths, the failure of other organizations to help seems strange.

While financial records of the early years of operation are hard to come by, Mark Berke has estimated that something like 40 per cent of the

work at Maimonides was performed free. At the most, the funds supplied by generous friends of the hospital could have carried a free load of no more than 25 per cent. Thus, the difference between 25 per cent and 40 per cent became a growing deficit, which not all the economies in the world could quite blot out.

Late in 1952 patient floors at Maimonides were enlarged and re-modeled and 31 residents of the old Hebrew Nursing Home were moved in. Not only did this move provide better quarters for the Jewish oldsters, but it was hoped that the steady, if low, income they provided would help diminish the increasing deficit. Actually, however, as it turned out, it cost more to care for these nursing home patients in the new quarters than it had in the old, and consequently the move only added to mounting costs.

Since then, the losses at Maimonides have continued to mount, despite the most valiant efforts of skilled experts. Truth of the matter is the cards were stacked against its success from the very start.

A year ago Mark Berke acceded to the pleas of the boards of both institutions and became administrator of Maimonides as well as director of Mount Zion, at no additional salary. This move meant both a financial saving and—vastly more important—the proper use of a man who could save Maimonides if anybody could. It soon became apparent that nobody could. So Mr. Berke ended with the sad and thankless task of officiating at the death of a dream.

In July of this year the boards of the two hospitals voted—largely on the strength of a painfully hopeless report from Mr. Berke—to transfer physically what remains of the Maimonides rehabilitation program to Mount Zion Hospital. The actual move will not be completed until next April, by which time the fifth floor of Mount Zion's east wing will have been converted into a rehabilitation center housing 20 inpatients and facilities for an outpatient rehabilitation program.

Meanwhile, the rehabilitation program at Maimonides has been gradually curtailed, until at this writing there are only 45 resident patients (aside from the Hebrew Nursing Home group). Obviously none of these can be turned out into the streets. Twenty of them will be absorbed by the new Mount Zion program in April; others may be well enough for the Mount



One of the architectural errors is shown in this photograph of the handsome building rising eight stories, with tier on tier of jutting balconies designed to give each room on the top six floors a private bit of outdoors. Unfortunately, the balconies gave insurance companies nightmares and they refused to give the hospital liability insurance. Result: It was necessary to seal the doors between rooms and balconies.

Zion outpatient service; still others will have been returned to their homes through successful rehabilitation. Places will be found for the remainder, and, meanwhile, no new patients will be admitted.

And, until a future plan for Maimonides is decided upon, the 54 aged inmates of the Hebrew Nursing Home will continue to occupy two floors of the beautiful but emptying building. Where they will go when Maimonides is finally sold, leased or converted—as it is bound to be—nobody as yet has any idea.

What sort of dire financial contretemps brought about these unhappy decisions? The answer lies in Mark Berke's careful clinical report.

Take as typical the months of May, June and July of this year. Cash re-

quired for operating Maimonides during those months (including payroll, accounts payable, amortization and interest on the mortgage) totaled about \$170,000. In addition there were unpaid bills from vendors, some dating back to the previous September, of \$62,500. Owing to Mount Zion for such services as laundry, steam and so on was a total of \$48,400, and to the Federation of Jewish Charities for an advance beyond its regular support, \$20,000. Total owed: \$300,900.

For the same period the income from hospital operations and various regular donations amounted to \$155,400. In addition, there were available special funds totaling \$33,200. Total income: \$188,600.

Total three-month deficit: \$112,500.

To pare the deficit even to this

high figure meant using up all available special funds, and in the months to follow income would be barely enough to meet the payroll and related expenses, leaving little or no money for food or other supplies.

For the first quarter of this year the deficit was a smaller but still disheartening \$26,634. Nor was the matter of deficits anything new. These were the unmet deficits (before depreciation) for the preceding years since Maimonides opened: 1951, \$74,301; 1952, \$44,210; 1953, \$61,300; 1954, \$83,700; 1955, \$68,239. Before 1956 is over this cumulative deficit probably will have reached a half a million dollars.

The average per patient per day cost (excluding depreciation) at Maimonides is presently estimated at \$17.79; the average income before subsidy is \$11.96; the average income after subsidy is \$15.30; the average loss after subsidy is \$2.49.

HAS MADE SAVINGS

Since Mr. Berke assumed direction of both institutions he has made a number of savings through such elimination of duplications as placing nursing under a single supervisor for both plants, doing the Maimonides purchasing through Mount Zion, merging the two accounting departments. But these are fingers in the dike.

After reviewing for the two boards the ineptness of Maimonides' planning and design, Mr. Berke went on to say:

"The most important single factor, and one that has had a greater effect on Maimonides' deficit than all other factors combined, is in a sense a philosophical one.

"Apparently from the very inception of the institution (the early and even recent financial records are not too clear) a pattern of unfinanced free care was developed. No successful effort was made to finance the cost of the free work."

Pointing out that free work "is a measure of a community's acceptance of its responsibilities in the health field," Mr. Berke noted that the amount of such work must be governed by the "ability and willingness of the community to finance it—or an undue amount of free work may eventually mean no free work." Which last phrase seems an unfortunately apt epitaph for Maimonides.

"At the same time," Mr. Berke continued, understandably turning for a moment from his drear report of financial failure, "we must view the per-

formance of Maimonides in its proper perspective. As a health facility and as a service organization its results in dollars must be equated in terms of human beings.

"We may not ignore or gloss over the fact that in the years 1951 through 1955 the institution discharged a total of 2886 patients, and it has been conservatively estimated that 25 per cent of these patients received sufficient benefit from the rehabilitation program to return to a productive economic or social life.

"The financial returns to the community cannot be measured, but we know that for these 2886 patients the institution incurred an unmet deficit of \$331,750, or \$115 per patient.

"This, in terms of happy and productive human beings, does not seem excessive."

With such opinions no one can reasonably disagree. But the fact remains that the \$115 per patient deficit was and remains unmet, in the face of a largely unimpressed public.

Since the middle of February, in an effort to stem somewhat the tide of deficit, no patient has been admitted to the rehabilitation section of Maimonides unless he was able to pay at least \$12 per day. This, of course, was not a final answer, and it was felt that any attempt further to increase the minimum per bed would lead to a drop in patients and result in greater losses. All sorts of other plans have been discussed; personnel has been cut to the absolute minimum; even a plan for feeding Maimonides patients from the Mount Zion kitchen was contemplated.

CLUTCHING AT STRAWS

But all of this was a last clutching at straws. When it became finally apparent that Maimonides could no longer be supported in its capacity of rehabilitation center and nursing home, Mark Berke's next job was to suggest a future for the building. After all, you cannot simply walk away and leave a million dollar building, particularly when it is weighted down by a heavy mortgage.

One early thought was that Mount Zion, troubled by a shortage of beds, could make use of at least a couple of Maimonides floors. It was suggested that the refusal of insurance companies to pay for care at Maimonides might be overcome if Mount Zion leased the space and thus made it legally part of the latter hospital. However, the plan

was finally abandoned in the face of the lack of physical connection between the two institutions and the prohibitive cost of tunnel or bridge.

It was then suggested that a switch be made between Maimonides and the Mount Zion School of Nursing building, which is physically connected with Mount Zion Hospital. There is still an off chance that this may be done, but it seems unlikely. Mr. Berke estimates that the switch would cost about \$400,000. On the other hand, he adds, it would mean an estimated saving of \$50,000 a year in costs and an eventual annual income increase of another \$50,000, thus decreasing the Maimonides deficit by about \$100,000 a year. The trouble is that neither Maimonides nor Mount Zion is in a position to finance the double conversion, and no angel is in sight.

NO MONEY AVAILABLE

Other ideas for Maimonides, from various interested sources, include: turning it into a swank hotel; making it over into a psychiatric center; converting it to an alcoholic rehabilitation center; turning it into a snob-appeal old people's home, where wealthy people could send their parents on a full-pay basis (perhaps as much as \$1000 a month), thus ridding themselves of a burden and salving their consciences at the same time. But, to date all of these are just dreams, with nothing concrete in sight and no money available.

All in all, Maimonides has been a sad experience for the city's Jewish community, and beyond that, of course—as Mr. Berke has pointed out—for all persons in the area who are concerned with human hope and dignity.

But—again as Mr. Berke has noted—regrets can well be tempered by the knowledge of those 2886 patients discharged from Maimonides over the years, with 720 of them returned to active, happy lives. One can only think that the men and women who have done all in their power to support and save Maimonides can, even in the face of failure, say with the original Maimonides:

"... may neither avarice nor miserliness nor the thirst for glory nor for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good for Thy children. . . . O let me e'er behold in the afflicted and suffering only the human being."

Fire Safety Becomes an Affair of State

22 hospitals in South Dakota, sparked by St. John's Hospital, Huron, sent representatives to the fire safety school conducted by Lt. Robert McGrath. From that school are coming practical fire programs for the hospitals of South Dakota

SISTER M. INNOCENTIA

SISTER M. ALOYSIUS ANN

FOR some five years St. John's Hospital in Huron, S.D., has been looking for a sound and workable fire safety program. We have studied numerous existing programs but each seemed to be unsatisfactory in some respect, and each fire drill we held served only to emphasize the inadequacies of the methods that we are using.

It was not until we read the report in the November 1954 issue of *The Modern Hospital* of Lt. Robert McGrath's fire training program for nurses that we felt that here, finally, was a practical plan that put the emphasis where it belonged: on the first crucial moments following the discovery of the fire. Accordingly, we invited Lt. McGrath to come to St. John's Hospital to help us organize our own fire program.

We issued an invitation to all hospitals in South Dakota to send four representatives each for training in the "Fire and Evacuation School" to be held at St. John's Hospital the week of August 13 to 18. Members of the fire departments of various towns were also invited and so was personnel from Redfield State Hospital and School for the Feeble-minded. At Lt. McGrath's suggestion, we scheduled training classes for the morning, afternoon and evening, Monday through Friday.

Sister Innocentia is administrator and Sister Aloysius Ann is director of nursing education at St. John's Hospital, Huron, S.D.

It was his idea to train teams of four who would in turn train others in their own institutions until, ultimately, the entire staff of each hospital represented would know how to handle fires and evacuate patients in an emergency or disaster.

On Monday morning, August 13, the classes began. The first day's participants and observers went home

acclaiming the program. They told others about it. Each day the attendance increased. Some traveled more than 200 miles morning and night. New teams were trained daily at the outdoor "amphitheater," as it was called by a trainee. The court between the hospital and the nurses' residence was a scene of intensive activity. Some participants remained for the next class. Many returned a second and third time, bringing others with them. Some members of the fire department of the city of Mitchell, located 52 miles south of Huron, were present each day. A Benedictine Sister who had to travel more than 200 miles sat demurely watching through the morning class, but in the afternoon no one could keep her from taking part in all the six basic carries or from learning how to handle the extinguishers and even the fire hose.

Four hundred twenty-two people converged upon Huron during the week. Twenty-two hospitals sent a total of 104 participants who were trained thoroughly by Lt. McGrath. Two hundred seventy-five others came as observers, plus 43 members of fire departments from 10 towns. Among the observers were prominent leaders from the hospital and nursing fields in the state: hospital administrators, assistant administrators, directors of schools of nursing, state fire marshals, fire chiefs and assistant fire chiefs, the chairman of the hospital facilities sec-

(Continued on Page 64)



Sister Mary Agatha of the accounting department and Sister Marifilia, R.R.L., demonstrating a swing carry down the stairs, with Lt. McGrath as patient.



LEFT: Scene taken from the roof of the hospital showing a team evacuating patients from the courtyard between the hospital and the nurses' residence. There were more than 200 observers for the public demonstration.



ABOVE: "To fight fire—first conquer fear" is the theme of this demonstration of putting out a bed fire. The feat was performed by a gallant soul whom the authors were unable to identify but whom they claim as "a true daughter of South Dakota" for her calm and efficiency.



BELOW: Demonstrating a four-man blanket carry are (front) Sister Mary Innocentia, administrator of St. John's Hospital, and Sister Mary De Chantal, central service department; (rear) Sister Mary Agatha of the accounting department, and Sister Marifilia, record librarian.



LEFT: Displaying precision in the use of CO₂ fire extinguishers are, l. to r.: Sister Mary Margaret, resident in hospital administration, Sacred Heart Hospital, Yankton; Sister Mary Desideria, educational director of Sacred Heart Hospital School of Nursing, Yankton; Kathryn Welch, student from St. John's Hospital, and Lt. McGrath. Sister Mary Desideria holds the distinction of being the first Sister Nurse to be invited to address a Fire Department Instructors' Conference; it was held in Memphis, Tenn.



ABOVE: Using the fire hose with the greatest of ease are Sister Mary Clare, senior student at St. John's, and Sister Mary Emmanuel, obstetrical supervisor, St. Joseph's Hospital, Deadwood.

RIGHT: During demonstration on Saturday afternoon this team of four students from St. John's Hospital School of Nursing went through the following strenuous routine: evacuated three patients put out a bed fire and four wastebasket fires—all in less than a minute. Here they play fire extinguishers and a large fire hose on three other fires. From l. to r. the students are: Donna Hanchett, Marie Johnson, Audrey Thompson, John Bouche.



ABOVE: Moving a surgical patient with a three-man carry are (left to right): Donna Krumm, Patricia Wilhelm and Majel Likness, all students from the St. Luke's Unit of the Presentation School of Nursing, while Patricia Joynt gets the cart in position to wheel the patient, Barbara Heighmann, to safety.

Photographs by Sister Aloysius Ann; Mitchell-Huronite and Daily Plainsman; Fiolo-Huron.



LEFT: Virginia Baysinger, student from St. Joseph's Unit of the Presentation School of Nursing, demonstrates the prescribed method of removing patient from the bed to the blanket on which he will be removed to a safe area.

BELOW: Prominent South Dakota citizens at the public demonstration (l. to r.): Frank Dwyer, chairman of the Beadle County Commissioners and president of the State Association of County Commissioners; L. M. Knigge, administrator, Memorial Hospital, Wessington Springs; Robert D. Lusk, owner and publisher, *Huronite and Daily Plainsman*; Lt. McGrath; E. F. Karstens, mayor of Huron; Thomas Schultz, director, hospital facilities section, state board of health, Pierre; Sister Mary Innocentia, St. John's administrator.



COMMENTS ON THE FIRE SAFETY SCHOOL

Joe Foss, Governor of South Dakota.

"You are certainly to be commended for your program of training a group of nurses at each hospital in the technics of emergency patient removal and the handling of fire equipment."

Thomas B. Schulz, administrative officer, Hospital Facilities Section, South Dakota State Department of Health.

"We feel this presentation may be a springboard from which many of our hospitals in this state will be able to develop a more realistic fire evacuation plan."

Dr. R. L. Carefoot, secretary, medical staff, St. John's Hospital, Huron.

"The medical staff was quite impressed with the way Lt. McGrath was able to teach students to handle patients and fire-fighting equipment and we hope we will be able to carry on and form a good safety program."

Zella C. Messner, secretary, South Dakota Hospital Association.

"The basic technics of patient removal and the use of fire-fighting equipment should contribute in great measure in developing a practical fire emergency program in their hospitals."

Sister Rose Marie, administrator, St. Mary's Hospital, Pierre.

"We are organizing our teams for the hospital now and feel the help received is valuable beyond estimation. The ingenuity and ease in handling fire as demonstrated gives us courage to launch a good fire program. We always wanted something easy and practical."

Sister M. Bonaventure, administrator, McKennan Hospital, Sioux Falls.

"Our 14 employees who attended the fire and evacuation school feel it was very helpful. The teams actually practicing the procedures now know that they can participate in the teaching of it to all the personnel at McKennan Hospital."

Mildred Williamson, R.N., hospital field representative, State Department of Health, Pierre.

"The fire and evacuation school conducted by Lt. McGrath was one of the most helpful workshops it has been my privilege to attend. We are today starting our first classes in cooperation with our local fire chief."

M. P. Knigge, administrator, Memorial Hospital, Westington Springs.

"Those who attended have been prac-

ticing and demonstrating to others who did not get to attend. We hope to duplicate the school on a local level for all of our hospital personnel."

Dr. John F. Kelly, medical officer in charge, Yankton Indian Hospital, Wagners.

"Proper handling of an emergency may prevent a catastrophe. Lt. McGrath taught this effectively at Huron."

Mother Stephen, administrator, St. Joseph's Hospital, Mitchell.

"The fire workshop conducted by Lt. McGrath was one of the best prepared and most thorough demonstrations which we were privileged to attend, in fact, the best that has ever been given. Because the technics were simple, everyone could learn them and follow readily. The time was well spent by all those who attended. Everyone came home most satisfied and with a good knowledge of what his part is in the fire program of our hospital."

Sister M. Desideria, O.S.B., educational director, Sacred Heart Hospital School of Nursing, Yankton.

"The South Dakota nurses and other hospital personnel who had the opportunity to attend the workshop in fire-fighting and evacuation learned in a very short time the most important facts about duties to be performed during a hospital fire. Lt. McGrath's genuine interest in studying hospital situations during a fire and sharing his findings with nurses who not only *can* but *must* be ready to give first aid to the fire departments by detecting, controlling and reporting fires should have great value in South Dakota. It was not only an opportunity but a privilege for me to learn more about evacuation of patients, controlling small fires, and observing the methods of a great teacher, a friend of nurses and patients."

Ernest Forbes, administrator, Methodist Hospital, Mitchell.

"Some of the basic carries taught have been since used in everyday patient care so it has not been necessary to wait for an emergency to put the learning to good use."

A. A. Thompson, superintendent, Redfield State Hospital and School for the Feeble-minded, Redfield.

"Since our team returned from Huron they have been after us daily to start the training of the hundred or more attendants employed here and we plan to begin as soon as possible."

(Continued From Page 61)

tion of the state board of health, state hospital field representatives, officers of the South Dakota Hospital Association, plant superintendents, engineers, registered nurses, licensed practical nurses, attendants, nurse's aides, house-keeping personnel and others. Members of the medical profession were also present.

On Saturday, August 18, at 3 o'clock in the afternoon, climaxing the week-long "Fire and Evacuation School," a public demonstration was held in the outdoor amphitheater on the hospital grounds. More than 200 interested people turned out for the occasion. The mayor of Huron opened the program with an expression of thanks and an invitation to Lt. McGrath to return for an annual school.

Trained teams of registered nurses and students of nursing from St. John's Hospital and St. John's School of Nursing worked calmly and efficiently, handling fires and patients in situations that might have panicked them a week earlier. They demonstrated the six basic carries and the many ways of handling fires.

In slightly more than one minute, each of the five teams trained in their technics by Lt. McGrath evacuated three patients—one from a burning bed; doused three wastebasket fires and the bed fire with a blanket, and put out five other fires with a variety of extinguishers and a larger fire with a hose line.

Lt. McGrath narrated the demonstration and stressed that the methods are simple and should be taught to lay persons as well as nurses to enable them to handle small emergencies in their homes and to help in time of disaster.

What was accomplished in the few hours of instruction and intensive drill in each of the sessions is obvious from the many comments and letters received, some of which are shown in the accompanying panel.

With a revitalized spirit the governing board of St. John's Hospital has proceeded to appoint a new hospital safety committee. A fire prevention and evacuation program will be developed, based on the sound and yet simple principles learned through Lt. McGrath's teachings and guidance.

St. John's was happy to share Lt. McGrath and his fire program with so many other hospitals, and to establish the first fire and evacuation school on a statewide level.

In Connecticut They All Work Together to Find a Solution to Nursing Shortage

HIRAM SIBLEY

THE "great debate" on nursing education has been going on so long that most of us tend to confuse fact with opinion. Headlines such as "Too Much Education for Too Few Nurses?," "Junior Colleges May Provide the Answer," and "Federal Salaries for the Student Nurses" are dramatic indeed, but they also reflect the need to clarify what is fact and what is opinion. That the great debate has reached the stage of confusion is clearly indicated by the opinion of one congresswoman that only a federal commission can put matters straight.

SOUGHT PROMISING RESULTS

In Connecticut the great debate has not been ignored but in true Yankee fashion the leaders of nursing, hospitals and medicine have assessed that situation and tackled the programs which offered the most promising results. In doing this they have steered between the innovators who wish to turn nursing education upside down and those who nostalgically cry out for the "good old days" and a return to the nurse who they proclaim really understood the art of nursing.

The first step was taken in the autumn of 1948 when Dr. Thomas Murdock and Dr. Creighton Barker, two far-sighted leaders representing the Connecticut State Medical Society, called a meeting in the society's office at which they proposed the formation of the Connecticut Joint Committee for the Improvement of the Care of the

Mr. Sibley is director of program development, New Haven Medical Center.

Patient. Representatives of the Connecticut Hospital Association and the Connecticut State Nurses' Association attended the meeting and accepted the proposal with enthusiasm. By-laws were drawn up and Agnes Ohlson, R.N., chief examiner of the Connecticut State Board of Nurse Examiners, was elected its first chairman. Staff work was provided by the executive director of the Connecticut Hospital Association.

Although three members were officially appointed by each of the three state associations—medical, hospital and nursing—it was agreed from the start that the committee had no power to act, only the power to discuss, to investigate and to recommend. This policy was continued by the joint committee when it was enlarged to include official representatives of the Connecticut League for Nursing and the Connecticut Public Health Association.

At first, the members of the committee spent their time looking at all the facets of the nursing shortage. The facts that were identified during the early meetings of the joint committee were often cluttered with opinion but time provided the test which sorted out fact from fancy. Many of these facts have continued to influence the shortage of nurses which it was recognized was most acute in the large city hospitals. As such they bear repeating.

1. A rapidly rising standard of living, the 40 hour week, and acceptance of the minimum wage standards have created shortages in nursing as well

as in many other categories of personal services. For example, most people drive cars and own a television set, but can't afford a cook.

2. The antibiotics, advanced surgical technics, rehabilitation procedures, and mental health concepts have greatly changed the rôle of the nurse. Instead of learning how to see a patient through a pneumonia crisis, today's nurse is required to learn many complicated procedures as well as how to start her patient on the road to recovery through early ambulation, self-care and healthy attitudes.

ASSIGNMENTS ARE COMPLEX

3. Good medical care is based on complex medical knowledge, on complicated diagnostic tests, and on careful medical records. Much of the responsibility for this care has been assigned by doctors to nurses, either in the hospital or in the home. In order to provide such care, today's nurse, like today's doctor, requires a higher type of education than did the nurse of 30 years ago.

4. Nursing, like medicine and other professions, has been required to subdivide into several classifications. There is the nurse who is a college graduate, the nurse who receives her diploma from a hospital school of nursing, and the licensed practical nurse. Educational programs designed for all three groups are sufficiently flexible in Connecticut so that advancement can be made from one group to another.

5. Nursing enrolls mostly women.

As in other businesses which employ women, once marriage takes place a woman often leaves her place of employment. Unlike some other types of employment, many nurses come back at a later stage when the child bearing period is completed. Nurses make excellent wives and are in close proximity on a daily basis with doctors, whom they are quite likely to marry.

6. With the possible exception of the teachers, salary rates for nurses have been generally lower than for other professions which have similar educational requirements. This undoubtedly has kept many women from choosing nursing as a career and has served as a factor in pushing nurses out of hospital employment.

7. At a time when the low birth rate of the Thirties has been reflected in reduced number of high school graduates, there has been increasing competition for the student who stands in the top half of her class. Were it not for the deep-seated urge in most women to serve humanity, the shortage of nurses would undoubtedly be greater, since other occupations have offered greater financial inducements.

EMPLOYMENT OPPORTUNITIES RISE

8. Employment opportunities within the field of nursing have expanded rapidly since World War II. Public health, industry, veteran and state hospitals, the armed forces, and, more recently, home care programs have attracted more and more nurses through the medium of larger and larger salaries. Since none of these groups has as yet undertaken to underwrite the costs of nursing education, general hospitals are being faced with a tightening labor market at the same time costs and standards of nursing education are rising.

9. Educational standards established by sincere people who understand nursing in accordance with state statutes are the basic guideposts for the 21 schools of nursing in Connecticut. The importance of preparing students so that they can be licensed has greatly influenced nursing school curriculums. While these standards have been sufficiently flexible to permit new developments, they have also served to discourage ill-advised experimentation.

10. Nursing shortages have not been limited only to the hospital bedside. More serious in terms of its influence on future nursing shortages has been the shortage of properly

trained teachers of nursing arts and clinical nursing.

Members of the Joint Committee for the Improvement of the Care of the Patient were not satisfied to remain a discussion group. As early as 1950, they developed what they termed an action research project in team nursing. However, this project, like subsequent projects, seemed doomed to failure. Despite serious efforts to obtain a grant, no one could be found who was willing to underwrite the staff salaries required for the project.

Paradoxically, the failure of the joint committee to undertake projects successfully has been one of the committee's strengths. For as a program has been identified that either needed to be started or required encouragement, the committee has been forced by lack of finances to turn to one of its parent associations to suggest that it take on the project or to give its backing and support. For example, the Connecticut State Nurses' Association was the obvious group to take on responsibility for the statewide nurse recruitment program. Through the encouragement of the joint committee, the nurses obtained the backing of the Connecticut Hospital Association and the Connecticut State Medical Society which provided ideas, financial support and even staff work. Instead of being left alone to work out its program in a hands-off fashion, it was accepted as the project leader and given loyal support.

If the value of the joint committee were to be measured in terms of better understanding and of mutual respect, rather than in tangible, concrete accomplishments, it would be possible to identify some highly significant results. For example:

1. In the area of nurses' salary scales and working conditions, hospital administration soon came to recognize that nurses were not dominated by the same motives as a few of the more militant labor unions, but were expressing their concern at being underpaid. Once this important conclusion was reached, the understanding and respect that were being generated by the joint committee began to take hold. As a result, it has been possible to publish from time to time joint recommendations of minimum standards for the general duty nurse. With these recommendations as a guide, hospitals in Connecticut have been able to work out locally the policies and practices designed to meet reason-

able standards for its nursing staff as well as for its other personnel.

2. In the area of nursing shortage, a full assessment of the problem brought recognition that recruitment efforts needed to be more vigorous and better coordinated. It was recognized that schools of nursing needed to coordinate their programs of recruitment, and that other groups, such as high school principals, vocational guidance teachers, medical and hospital auxiliaries, and board members of hospitals and public health nursing agencies, needed to be enlisted to take an active part in the nurse recruitment program.

THREE-PRONGED PROGRAM

As a result, there has been developed in Connecticut a three-pronged program aimed at (a) interesting the junior and senior high school student in entering one of the three programs in nursing education, (b) uncovering married graduate nurses and attracting them back into nursing, and (c) finding women past high school age and interesting them in the licensed practical nurse program.

3. In the area of student financing, it was recognized that many promising candidates failed to enter schools of nursing because of financial pressures. Led by nursing, a program to mobilize voluntary scholarships was introduced into the state general assembly. Both programs have been crowned with success, and increased enrollments have been the immediate result.

4. In the area of financing schools of nursing, it was recognized that much of the burden of the cost of nursing education has been allowed to fall on the patient at a time when he was least able to afford it. Since the problem is complex, it has been agreed that, before steps are taken to find a solution, facts should be assembled. This task has been assigned to the Connecticut Hospital Association, which has agreed to include the accumulation of facts about nursing education among its regular fact-finding programs.

5. In the area of experimentation, reference has already been made to the action research program in team nursing. While it did not evolve as a statewide program, some of the larger general hospitals have conducted their own studies with the result that team nursing has been adopted widely by Connecticut hospitals. While there have been no experiments in Connecti-

Schedule A—Combined Report of the 21 Connecticut Schools of Nursing*

12 Months July 1 to June 30	No. of Admissions	Enrollment on June 30	Number Licensed	
			by Examination	Without Examination
1947-48	793	1,899	871	529
1948-49	910	1,974	755	546
1949-50-x	859	2,078	560	556
1950-51	842	2,182	586	413
1951-52-y	901	2,088	668	475
1952-53	908	2,156	514	554
1953-54	925	2,227	665	627
1954-55	984	2,344	648	592
1955-56-z	996		891	611

x—In October 1949 "Recommended Minimum Standards for the General Duty Nurse" were published jointly for the first time by the Connecticut State Nurses' Association and the Connecticut Hospital Association. By March 1951 these standards had been adopted by a majority of hospitals.

y—In July 1951 the state scholarship program was started, causing a reversal in nursing school enrollment. In five years, 1951-56, scholarships have been awarded to 1629 students and have averaged \$212.32.

z—In June 1955 the Nurse Practice Act was amended to permit during a four-year period the licensure of nurses not citizens of the United States of America.

*Figures compiled by the Connecticut State Board of Licensure in Nursing

Schedule B—Combined Report of the Three Programs for Practical Nurses*

12 Months July 1 to June 30	Number of Admissions			Total	Number Graduated	Per Cent Graduated
	Sept.	Jan.	April			
1947-48	12	46	28	86	15	71
1948-49	37	31	58	126	74	84
1949-50	61	50	61	172	94	75
1950-51	58	41	48	147	119	69
1951-52	61	46	41	148	110	75
1952-53	59	50	36	145	97	66
1953-54	88	58	65	201	103	71
1954-55	92	62	52	206	145	72
1955-56	82	69	62	213	143	70

*Figures compiled by the Connecticut State Department of Education

cut in two-year nursing education programs in hospitals or in junior colleges, nursing educational experiments in near-by New York State have been watched with interest. Less dramatic have been the new affiliations worked out by several hospital schools of nursing with the state university and with state teachers colleges.

6. In the area of nursing school accreditation, Connecticut has an enviable record. No other state has such a high percentage of accredited schools. However, accreditation is achieved only through hard work and through a complete understanding of its purposes and methods. Again, a climate of understanding and respect is necessary to cultivate sound standards of nursing

education. Indicative of Connecticut's concern for its standards are the series of recent meetings held by nurses and hospital administrators to find ways and means of assisting provisionally accredited schools of nursing to achieve full accreditation.

7. In the area of graduate education, Connecticut has been in a less fortunate position than other areas. Recognition of the need has encouraged both Yale University and the University of Connecticut to revise their nursing programs so that more opportunities might be offered to nurses who wished to become teachers, administrators or nursing specialists. The financial problem has not been overlooked and serious efforts are now

being made to mobilize and develop voluntary and tax supported scholarships for graduate nurses.

8. In the area of patient care, it has been recognized that a professional point of view must have as its first requirement a deep concern for the patient. The concept of the 40 hour week with its limited concern for high levels of accomplishment has permeated hospitals as well as industry. To counteract this attitude, hospitals and nursing have been experimenting with a number of new technics. Among these are local committees for the improvement of the care of the patient, programs of supervisory training, and the development of public relations programs aimed at employees. An interchange of information about these programs has been promoted by each parent association.

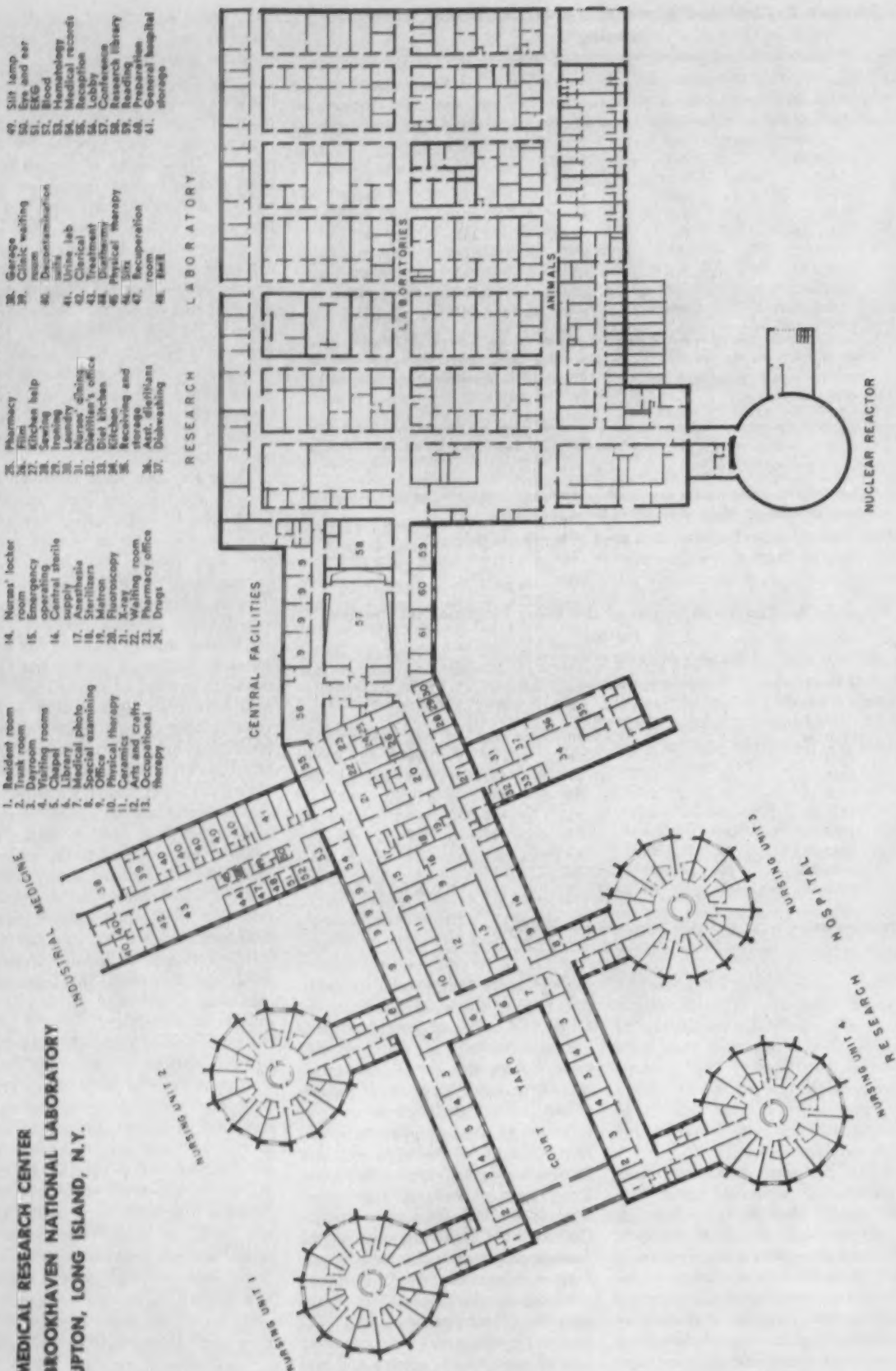
There are other areas in which the nursing shortage has been attacked. Each school, individually, has continued to reevaluate its own program, new dormitories have been built, extracurricular activities have copied those on college campuses, and a determined effort is being made to keep the nursing student once she has been enrolled. Indicative of this has been the large number of married students who have been graduated in recent years in contrast to the stern dictum forbidding marriage which was universal only a decade ago.

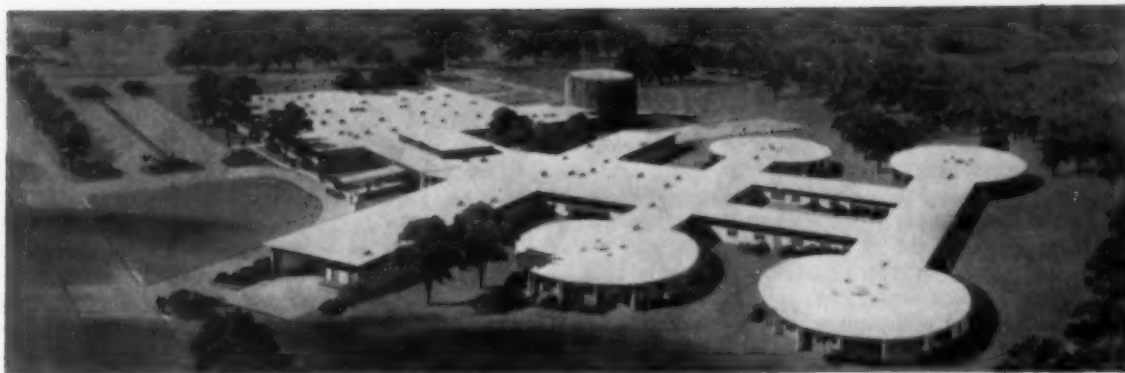
Evaluation. A sound administrator knows that to achieve success he must marshal his facts, develop from them a sound plan, then sell the plan to those who help him and, finally, follow through with energy and determination. Yet many sound administrators have been faced with nursing shortages and seen no hope of finding a solution. What has been added in Connecticut that offers a real hope in the face of difficult situations?

First, a regional approach has brought together nursing, hospitals and medicine on a basis of friendship. From their joint examination of the facts, new understanding and respect have grown. With encouragement from the leaders of these three groups, who have rotated on and off the joint committee, hospitals have taken steps, individually and jointly, to tackle every course of action that has promised a solution to this difficult problem. Many Connecticut hospitals have thus succeeded in obtaining all the nurses required to fill their staff. Others have bettered their

(Continued on Page 146)

1.	Resident room	34.	Nurses' locker	35.	Pharmacy	36.	Grocery	37.	SW lamp
2.	Trunk room	35.	Nurses' locker	36.	Pharmacy	37.	Grocery	38.	Food and eat
3.	Dayroom	36.	Emergency operating	37.	Film	38.	Clinic waiting	39.	EKG
4.	Waiting rooms	37.	Central sterile	38.	Sewing	39.	Room	40.	Blood
5.	Medical lab	38.	Laundry	39.	Ironing	40.	Decantation	41.	Hematology
6.	Medical photo	39.	Anesthesia	40.	Mens	41.	Laundry job	42.	Medical records
7.	Special examining	40.	Sterilizers	41.	Menstrual	42.	Clinical	43.	Physician
8.	Office	41.	Matron	42.	Diagnostician's office	43.	Treatment	44.	Lobby
9.	Physical therapy	42.	Plaster room	43.	Diet kitchen	44.	Dermatology	45.	Conference
10.	Art and crafts	43.	Waiting room	44.	Receiving and	45.	Physician	46.	Research library
11.	Occupational therapy	44.	Pharmacy office	45.	Receiving and	46.	Physician	47.	Reading
12.	Occupational therapy	45.	Pharmacy office	46.	Receiving and	47.	Physician	48.	Physician
13.	Occupational therapy	46.	Pharmacy office	47.	Receiving and	48.	Physician	49.	Physician
14.	Occupational therapy	47.	Pharmacy office	48.	Receiving and	49.	Physician	50.	Physician
15.	Occupational therapy	48.	Pharmacy office	49.	Receiving and	50.	Physician	51.	Physician
16.	Occupational therapy	49.	Pharmacy office	50.	Receiving and	51.	Physician	52.	Physician
17.	Occupational therapy	50.	Pharmacy office	51.	Receiving and	52.	Physician	53.	Physician
18.	Occupational therapy	51.	Pharmacy office	52.	Receiving and	53.	Physician	54.	Physician
19.	Occupational therapy	52.	Pharmacy office	53.	Receiving and	54.	Physician	55.	Physician
20.	Occupational therapy	53.	Pharmacy office	54.	Receiving and	55.	Physician	56.	Physician
21.	Occupational therapy	54.	Pharmacy office	55.	Receiving and	56.	Physician	57.	Physician
22.	Occupational therapy	55.	Pharmacy office	56.	Receiving and	57.	Physician	58.	Physician
23.	Occupational therapy	56.	Pharmacy office	57.	Receiving and	58.	Physician	59.	Physician
24.	Occupational therapy	57.	Pharmacy office	58.	Receiving and	59.	Physician	60.	Physician
25.	Occupational therapy	58.	Pharmacy office	59.	Receiving and	60.	Physician	61.	Physician
26.	Occupational therapy	59.	Pharmacy office	60.	Receiving and	61.	Physician	62.	Physician
27.	Occupational therapy	60.	Pharmacy office	61.	Receiving and	62.	Physician	63.	Physician
28.	Occupational therapy	61.	Pharmacy office	62.	Receiving and	63.	Physician	64.	Physician
29.	Occupational therapy	62.	Pharmacy office	63.	Receiving and	64.	Physician	65.	Physician
30.	Occupational therapy	63.	Pharmacy office	64.	Receiving and	65.	Physician	66.	Physician
31.	Occupational therapy	64.	Pharmacy office	65.	Receiving and	66.	Physician	67.	Physician
32.	Occupational therapy	65.	Pharmacy office	66.	Receiving and	67.	Physician	68.	Physician
33.	Occupational therapy	66.	Pharmacy office	67.	Receiving and	68.	Physician	69.	Physician
34.	Occupational therapy	67.	Pharmacy office	68.	Receiving and	69.	Physician	70.	Physician
35.	Occupational therapy	68.	Pharmacy office	69.	Receiving and	70.	Physician	71.	Physician
36.	Occupational therapy	69.	Pharmacy office	70.	Receiving and	71.	Physician	72.	Physician
37.	Occupational therapy	70.	Pharmacy office	71.	Receiving and	72.	Physician	73.	Physician
38.	Occupational therapy	71.	Pharmacy office	72.	Receiving and	73.	Physician	74.	Physician
39.	Occupational therapy	72.	Pharmacy office	73.	Receiving and	74.	Physician	75.	Physician
40.	Occupational therapy	73.	Pharmacy office	74.	Receiving and	75.	Physician	76.	Physician
41.	Occupational therapy	74.	Pharmacy office	75.	Receiving and	76.	Physician	77.	Physician
42.	Occupational therapy	75.	Pharmacy office	76.	Receiving and	77.	Physician	78.	Physician
43.	Occupational therapy	76.	Pharmacy office	77.	Receiving and	78.	Physician	79.	Physician
44.	Occupational therapy	77.	Pharmacy office	78.	Receiving and	79.	Physician	80.	Physician
45.	Occupational therapy	78.	Pharmacy office	79.	Receiving and	80.	Physician	81.	Physician
46.	Occupational therapy	79.	Pharmacy office	80.	Receiving and	81.	Physician	82.	Physician
47.	Occupational therapy	80.	Pharmacy office	81.	Receiving and	82.	Physician	83.	Physician
48.	Occupational therapy	81.	Pharmacy office	82.	Receiving and	83.	Physician	84.	Physician
49.	Occupational therapy	82.	Pharmacy office	83.	Receiving and	84.	Physician	85.	Physician
50.	Occupational therapy	83.	Pharmacy office	84.	Receiving and	85.	Physician	86.	Physician
51.	Occupational therapy	84.	Pharmacy office	85.	Receiving and	86.	Physician	87.	Physician
52.	Occupational therapy	85.	Pharmacy office	86.	Receiving and	87.	Physician	88.	Physician
53.	Occupational therapy	86.	Pharmacy office	87.	Receiving and	88.	Physician	89.</	





Architect's conception of the \$6,000,000 medical center at Brookhaven National Laboratory. The cylindrical building, rear center, will house the first nuclear reactor designed specifically for medical research and treatment.

Patients will be cared for in buildings at the right, with a nursing station in the center of each circular building. Square building at the extreme left in the picture will house research divisions. The driveway leads to employees' clinic.

Circular Units Serve a Useful Function

The design of this projected 48 bed hospital at the Medical Research Center of Brookhaven National Laboratory was determined by the special needs of patients undergoing complex radiation treatments

GEORGE S. HOLDERNESS

TODAY medical and scientific fields are placing growing importance on the part neutrons and isotopes can play in the study and treatment of disease. This recognition has led to the establishment, at Brookhaven National Laboratory, Upton, Long Island, N. Y., of a Medical Research Center designed specifically to explore and utilize these new aids to mankind.

Brookhaven, which is operated by Associated Universities, Inc., under

Mr. Holderness is a partner in the firm of Eggers and Higgins, architects, New York.

contract to the Atomic Energy Commission, has been a pioneer in the clinical uses of radiation. Patient treatment and highly controlled laboratory research have been handicapped, however, by a lack of proper facilities. At present, for example, patients receiving radiation at the reactor are housed over a mile away from it and must be transported to and from the treatment in ambulances. In addition, the time which may be devoted to patient treatment is limited owing to pressure of other uses for the reactor.

By January of 1958, it is expected

that a 48 bed hospital, more than 37,000 square feet of laboratories, and a nuclear reactor designed solely for medical research and treatment will be in operation at Brookhaven. Plans for the Medical Research Center began to take shape in April 1954, when Architects Eggers and Higgins were selected to make a thorough investigation of all factors involved in the design and construction of such a center. This included perusal of the preliminary designs that the Brookhaven architectural planning department had developed over a period of years in collaboration with the medical staff. The report, issued two months later, upheld all the preliminary findings. Authorization was given to Eggers and Higgins in August 1955 to proceed with final design and the preparation of working drawings.

The unusual plan for the Medical Research Center is based entirely on functional requirements. For each of the five basic sectors of the plan, a layout was adopted that would best serve that sector. Each was then assigned a position in the building in proper relationship to the other sectors.



Detail drawing showing relation of patients' rooms in one of the four circular nursing units. Nurses' station commands a view of all 12 rooms in a unit.

Completely interrelated one to the others, the sectors include (1) a research laboratory with flexible divisions for biochemistry, medical physics, physiology, microbiology and pathology, and animal quarters; (2) a research hospital, with four 12 bed nursing units and facilities for occupational and physical therapy and rehabilitation; (3) a medical reactor building, nearly free-standing in order to assure safety from radiation hazards; (4) industrial medicine, an outpatient department for all Brookhaven personnel, and (5) central facilities, which serve as a point of concentration for traffic from staff, visitors, outpatients and the receiving and shipping of materials.

A single level plan was chosen over a multistory one for several reasons. Since there is little of a repetitive nature, the "stacking" of elements one above the other would not have resulted in an economy, and would have reduced the maximum flexibility required. Too, the great volume of wheeled traffic, such as stretchers, beds, food trucks, and service carts moving heavy shielding and radioactive materials, is greatly facilitated by the one-story plan. The need for flexible occupancy in each sector was also a factor in this solution.

A distinguishing feature of the plan

is the Research Hospital, with its four circular nursing units. A decision to limit the Research Hospital to 48 beds was made by the staff on the consideration that this is the maximum number of collaborating patients that can be integrated into the program by the research scientists. The division of these 48 beds into four nursing units, each composed of 12 single-bed rooms, was made only after long study on the part of the scientific and the nursing staffs. The 12 patient unit, they agreed, permits maximum utilization of nursing services, accurate investigative observations, a desirable degree of informality in patient schedules, and maximum flexibility in the over-all hospital operation.

Because the majority of patients admitted to the Research Hospital are suffering from diseases necessitating complex investigation and therapy, a private room was deemed imperative for each patient. Variation in patients' physical conditions, and the unusual length of their stay (average: 95 days) also influenced the decision, as did the fact that the four-bed units presently in use at Brookhaven have been found too large. They are inefficient and impose limitations that hamper the wide-ranging type of inquiry desired at the laboratory.

Once the requirement of 12 single-bed rooms was established, it was readily determined that there are only two ways they can be arranged to obtain the direct observation and control from the nurses' station which is necessary in the research work done at Brookhaven (the use of television and indirect methods such as mirrors would have been unsatisfactory). One method is to use glass partitions, as in pediatrics layouts; this was ruled out owing to the lack of privacy it affords patients, and the complete absence of a pleasant environment during the long term of stay. The second method is a radial layout, with the nurses' station at the center. This scheme permits the nurse on duty to have full observation of each patient through large vision panels in the doors. A curtain may be drawn on occasions when privacy is desired. This scheme obviously reduces distances to a very minimum, cutting down the time nurses must spend in unproductive work. Time available for direct patient care and observation is correspondingly increased and the number of special duty nurses is decreased.

The design of the Research Hospital places special importance on facilities for occupational and physical therapy and rehabilitation. The long average stay of patients, and the nature of their illnesses, indicate that these aspects of treatment are particularly important. Without this unit, many of the patients would become bedridden and require prolonged rehabilitation after discharge. The unit is centered on an open courtyard to allow out-of-doors activity during a large part of the year. Noise producing activities are grouped around the courtyard in order to ensure quiet in the bedrooms.

Each of the private rooms will be air-conditioned by means of individual room units. The nature of patient research and treatment at the laboratory demands highly controlled environmental conditions which can be maintained only by air conditioning. Patients' comfort, of course, will also be benefited.

Structural engineers, subcontracting to Eggers and Higgins, are Weiskopf & Pickworth, and mechanical engineers are Syska & Hennessy, Inc. A contract was awarded in June to the Malan Construction Company for construction of the center including the reactor building. The Daystrom Nuclear Division of Daystrom, Inc., will supply and install the heart of the reactor.

Treatment Center on Cobalt Unit

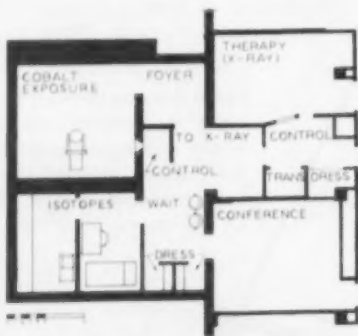
The new cobalt treatment center at Evangelical Deaconess Hospital, Milwaukee, went into use for the first time in July. The center, costing \$100,000, is located within an inner court of the hospital and is adjacent to the x-ray department.

The accompanying floor plan illustrates how the center, to the left, was integrated into the hospital's x-ray department. There are two main work areas: one for use of isotopes in diagnostic work, and the other for treatment with Cobalt 60.

On that side of the cobalt room toward which most exposure is directed is a 3 foot reinforced concrete wall. Special ventilating equipment removes radioactive dust particles from the air. Treatment of malignancies in the cobalt room is regulated by an operator from the control room at the center. A lead-impregnated glass window, 5 inches thick, provides visibility.

The one-story center, measuring 35 by 26 feet, is placed on the ground level with no excavated space under-

neath and no occupied space above. Magney, Tusler and Setter, Minneapolis, were architects and engineers for the project. They also handled design and planning for the hospital's recently completed \$2,250,000 new wing and remodeling program, a program that is adding 136 beds to the hospital, plus new surgical, delivery, x-ray, laboratory and other technical facilities.



Plan showing how the cobalt center is integrated with x-ray department.

Don't Preach Work Simplification Unless You Expect to Practice It

STANLEY A. FERGUSON and CHARLES B. WOMER

A WORK simplification program consists of three phases: appreciation, education and application.

In the development of a successful continuing program, all three phases must be carried on continuously and concurrently. It is not enough merely to arouse interest, teach tools and technics, and then sit back to wait for results. Ways have to be found to keep interest high, to sustain the atmosphere of inquiry generated by the learning process, and to maintain a climate conducive to effective participation. Only by doing these will the full benefits of the program be realized. If they are not done, the people involved will quickly revert to their old processes of thought and action.

The two previous articles of this series outlined the benefits we at University Hospitals of Cleveland hoped to derive from a work simplification program. They told how we obtained the support of our department heads for it through "appreciation sessions," and described our "pilot group" program in which administrative staff and department heads were taught tools and technics.

Following this group's enthusiastic evaluation, we began to develop plans, not only for maintaining their enthu-

siasm and interest, but for extending the program to other levels of supervision. These plans are now in the early stages of implementation.

Already started are the early steps of a continuing program for our administrative staff and department heads. In their comments about the pilot group program, most of them expressed a strong desire for more instruction in subjects such as human relations, conference technics, paper-work simplification, and creative thinking, plus the introduction of new materials that would benefit them in their work.

HELD THREE SESSIONS

To fulfill these desires, we decided to develop monthly two-hour instructional sessions for them. Three such sessions were held last spring.

Whiting Williams, noted Cleveland human relations consultant, author and lecturer, spoke at the first one. While serving as a vice president of a steel company, Mr. Williams had become deeply interested in the thinking of the "common man." Using an assumed name, he spent several years working and living the life of a steel mill laborer, coal miner, and hobo in this country and abroad. His topic, "What My Double Life Has Taught Me About Human Relations," dealt with his experiences and the philosophy of consultative management he acquired through them.

Mr. Williams emphasized the importance of the word "Pride" in understanding human relations. Pride

represents "the satisfaction of the two deepest, strongest, most useful of hankerings," he stated. "Hankering No. 1 is for our own self-respect—the right to believe that we individually represent certain values in the scheme of things—that we are worth while, important, 'somebody.' Hankering No. 2 is the hankering we all have for the confirmation of our right to enjoy our self-respect which comes to us from sources outside ourselves, in the form of recognition, esteem, honor." Mr. Williams pointed out that a person's job should be his chief source of satisfaction of these hankerings.

The other two sessions were devoted to conference technics, a continuation and expansion of the material presented in the pilot group program. At the first of these, the various tools of successful conference leadership were explored. The second consisted of two problem solving conferences in which the participants practiced the technics they had learned.

Subjects tentatively planned for future sessions include the art of supervision, creative thinking, evaluating performance and ideas, employee orientation and training, reading better and faster, and the art of communicating.

Faculty members of Western Reserve University and the management development program of Case Institute of Technology were asked for advice in developing these sessions. We found them most interested in our program and eager to assist us in every way possible. Several outstanding men

This is the third and final article in a series on the work simplification program at the University Hospitals of Cleveland. The first two articles in the series appeared in the August and September issues of this magazine.

Mr. Ferguson is director and Mr. Womer is assistant to the director, University Hospitals of Cleveland.

SOME RESULTS OF WORK SIMPLIFICATION AT UNIVERSITY HOSPITALS

	OLD METHOD	NEW METHOD	RESULTS
MORNING SCHEDULE IN OBSTETRICS	5:30 a.m. Patients awakened 6-7 With babies 8-9 Breakfast 9-10 Nursing care, rooms cleaned 10-11 With babies 11-12 Visiting hour	6 a.m. Patients awakened 6:15-7:15 With babies 7:30-8:30 Breakfast 8:30-10 Nursing care, rooms cleaned Then same schedule as before. Accomplished by having dietary maids start and finish ½ hour earlier.	1. Increased patient satisfaction owing to being awakened later and having earlier breakfast. 2. More time for morning nursing care and housekeeping, thus relieving time pressures on personnel.
AMBULATORY ELECTRO-ENCEPHALOGRAPH EXAMINATIONS	Physician made appointment with department for patient to have examination. Physician responsible for telling patient where to report, and so forth. Patient billed by hospital for service rendered.	Post card mailed to patient immediately after physician makes appointment for him. Card states date and time of appointment, location of the department, and fee for the procedure.	1. Fewer broken appointments and misunderstandings. 2. Increased collections and less accounting department work since most people pay at the time service is rendered. 3. Study of applicability of new procedure to other ambulatory services.
TYPING OF X-RAY REPORTS	Form was of traditional style and typed in traditional manner.	Continuous form with "floating" carbon eliminates necessity of assembling forms and carbon paper, inserting and aligning assembly in typewriter, and the separation of forms and carbon paper after typing.	25 per cent decrease in time required to type reports, thus minimizing effect of medical stenographic shortage and permitting department to keep current with its stenographic work.
PURCHASING SHOES FOR CHILDREN IN CONVALESCENT UNIT	Hospital ordered shoes for patients via usual hospital purchasing channels. Supplier billed hospital. Hospital collected from parents when they visited child or billed the agency responsible for child's care.	Hospital orders shoes as agent of the parents or responsible agency. Supplier bills parents or responsible agency directly.	1. Eliminates paper work on the part of the hospital. 2. Relieves convalescent unit personnel of distasteful collection responsibility.
WRITING SPECIAL DIETS	Each service dietitian developed and wrote individual special diets for each patient concerned, using the over-all master menu as a guide.	Daily menus for each of the three most commonly ordered special diets (restricted salt, restricted carbohydrate and/or calorie, low residue and/or bland) are developed in advance, duplicated, and sent to the service dietitians. When one of these is ordered, the dietitian merely inserts patient's name and checks items he or she is to receive.	1. Time of dietitian saved. 2. Food ordering and cooking simplified. For example, fewer "salt poor" vegetables are ordered for a given meal. 3. Increased patient satisfaction since menus are planned to provide the greatest possible day-to-day variety of food.
PROCESSING ROOMS OF DISCHARGED PATIENTS (One early result of a continuing study by the nursing and housekeeping departments.)	No person responsible for notifying housekeeper when patient actually left room. Therefore, often a delay in processing room. Admitting office occasionally admitted new patient to room before it was ready.	Ward secretary responsible for notifying housekeeping supervisor when room is vacated. After room is cleaned, housekeeping supervisor notifies admitting office that it is ready for a new patient.	1. Fewer delays in admitting patients to rooms vacated the same day. 2. No chance of admitting patient to a "dirty" room. 3. Eliminates "chasing around" by housekeeping supervisor to see when rooms were vacated.

have offered to lead the sessions. We consider this management and supervisory development to be one of the most important facets of the total program, particularly so in a hospital where most supervisory employees are selected primarily on the basis of their technical or professional competence and who generally have little or no background or education in management technics.

To teach our second-line super-

visory personnel work simplification philosophy, principles and technics, a 13 session curriculum has been developed. Six groups of 15 members each will participate between now and next June.

The content of these sessions will be basically the same as those for the pilot groups which were described in the second article of this series. However, since no formal appreciation program is contemplated, two sessions

will be devoted to the over-all philosophy and objectives of work simplification. Also, more time will be devoted to conference technics.

Our long-range objective, after all supervisory personnel is trained and participating, is to simplify the educational phase of the program and extend it to our worker levels. How far we extend it will depend upon the results we obtain.

As the program is extended, teach-

ing aids and promotional devices, including mechanisms for recognition, will have to be developed. The old adage that "nothing speaks as loudly as results" is especially applicable to a work simplification program. Therefore, as ours develops we intend to utilize examples of our own experiences, both for training purposes and to stimulate continuing effort.

To date, our only accomplishment in this general area is a monthly work simplification newsletter which is sent to all persons participating. It includes items of interest about the program and descriptions of improvements that have been made.

The extension of the program, as well as the development of teaching aids and promotional material, is the responsibility of the coordinator of the work simplification program. This position, recently added to our administrative staff, is occupied by a former assistant director of nursing who has considerable teaching experience. To prepare her for her new position, we included her in the pilot group and sent her to a work simplification conference conducted by Allan Mogensen last winter. An advisory committee of 12 department heads has been organized to assist her.

EVALUATION

Some of the more tangible early results of our program are enumerated on the chart presented on page 72. None of these is "earth shaking," but, then, a work simplification program is not designed to produce spectacular results; it emphasizes the finding of easier and better ways to do ordinary everyday work. Even though it is unspectacular, we consider our progress noteworthy, especially since it has been made during a period when many of our department heads were deeply involved in putting a new hospital building into operation.

We consider our intangible results to be the most important. Administrative staff and department heads appear to be more open-minded and receptive to new ideas. There is an increased desire to do a better job. Mutual recognition of the value of horizontal communications has resulted in better interdepartmental understanding and teamwork.

To date, we have made no attempt to justify our program on the basis of dollar savings accruing from it. Although many industries with work simplification programs have shown a



Staff members hear Whiting Williams discuss human relations problems.

large financial return in relation to cost, we are not certain that we will ever be able to do so.

We naturally consider the economic elements of each proposal and expect eventually to realize monetary savings from our program. However, unless an improvement actually results in reduced expenses or additional income, its evaluation in monetary terms for the purpose of justifying the program would merely constitute a counting of "wooden nickels."

There are two major factors which we believe will prevent us from realizing actual dollar savings from a majority of the improvements gained from our program. First of all, we consider improvement of patient care and comfort to be an objective of equal importance with increased efficiency of operation. Most such improvements are incapable of financial evaluation. We even anticipate the possibility that some improvements will add to costs but will be justifiable solely on the basis of better patient care.

Second, in an organization such as ours, improvements in efficiency will seldom be reflected in a financial statement. With chronic personnel shortages, an ever expanding volume of service, and continual additions of new services, there is always "a load of wood on the wood-pile waiting to be chopped." Thus, for example, the 25 per cent increase in stenographic productivity we realized from the use of a new type of x-ray report form did not result in fewer medical stenographers in that department. It merely

permitted an already undermanned staff to keep current with its ever increasing work load.

There are many ways of organizing and implementing a work simplification program. The method chosen by a particular organization must depend upon its resources, its aims, and its problems.

Of far greater importance to the eventual success of the program than the method used to implement it is management's desire to see it succeed, and its basic belief in the principles upon which the program is based.

A work simplification program puts management "on the spot." It has to be ready to act on ideas as they are submitted or be able to explain why they cannot be acted upon. It has to "practice what it preaches," and be willing to have its actions open to the scrutiny of enlightened subordinates. Any dragging of feet, or doing things one way while paying lip service to the other, will only stifle the initiative and the action the program attempts to produce.

Our program is still in the crawling stages. Much effort has already been expended on it and much more will have to be expended before it can be called a success. Only time will tell whether we have what it takes.

We hope we do, for we look on work simplification as an excellent vehicle—a vehicle based upon sound management principles for exploiting scientific management to its full extent for the benefit of the patient, the employee, the hospital, and the community.

This Is One Way to Control Food Costs

How one administrator found a way to:

- (a) Get the quality of food service up
- (b) Get the price of food service down
- (c) Keep his dietitian—in a manner of speaking

R. MARK STANTON

Administrator, McLeod Infirmary, Florence, S.C.

1

THE KIRKWOOD GENERAL HOSPITAL
ROBERT O. STALLWORTH
Administrator

Mr. W. E. Smith, Administrator
The Ravendale Memorial Hospital
City

April 1, 195X

Dear Bill:

Just a brief note to thank you for referring to me the dietitian, and such a pretty one! She took over the department today. I feel confident we can bring our dietary costs down and improve our services if she will cooperate with me in working out some system of control in the purchase, storage, issuance, etc. of food.

You are a real friend.

Sincerely,
Bob Stallworth

BS:n

P. S. The addition of fifty beds in our new wing has not markedly decreased our occupancy. We are now 200 beds. Occupancy surprises me in view of our reputation for miserable meals.

2

INTER OFFICE MEMORANDUM

Date April 3, 195X

FROM R. O. Stallworth, Administrator

TO Miss Ada Patricia Jones, Dietitian

In your spare time I would appreciate your providing me with a written outline of your ideas regarding:

1. Methods of food purchase
2. Methods of receiving and storing food
3. An estimate of a reasonable budget for raw food and labor

On the matter of item No. 3: I have an idea that I would like to talk over with you concerning a really controlled budget.

3

INTER OFFICE MEMORANDUM

Date April 4, 195X

FROM Miss Ada Patricia Jones, Dietitian

TO Mr. R. O. Stallworth, Administrator

Mr. Stallworth: Can you be serious—I just got here. Your department of dietetics—and it is yours, not mine—is a travesty on food management. It is not even close.

Spare time! Eight medical interns yacking about "my special," a flabby disorganized kitchen, lessons to prepare, and papers to grade for the student nurses, and on my third day here you want a textbook written. Maybe I should seek elsewhere for a position.

4

INTER OFFICE MEMORANDUM

Date April 5, 195X

FROM Miss Ada Jones

TO Mr. Robert Stallworth

Thank you for calling me last evening. I should have realized that your request for ideas came from your concern over the almost impossible situation in the dietary department.

I do have some definite ideas on revision of organization and methods. One is to be started Monday; see attached sheets. These are bid sheets for green groceries, groceries and meats. By Monday I should have my menus planned ahead so I may buy for the coming week. Menus will be planned 10 days ahead.

Be bid sheets. Once the quantities and qualities for food for the week are determined, I will give every purveyor a chance to bid. Salesmen can be very helpful, and I intend to continue to see them, but not for purchasing.

Quantity and quality are listed in the block naming the item. The vendor's price is to be placed in the block under his name and opposite the item. This is hard to explain in writing so I have written in sample items to show how the bid sheet will be used.

Three thoughts before closing this memorandum.

1. The price for raw food seems unusually high, but perhaps that is due to the locality.
2. The help loved the idea of menu conferences which were begun today.
3. I am sorry I wrote yesterday's hasty memorandum. I was working on menus (after hours) when yours arrived. Reread the menus to find I had tomato soup and red sauced spaghetti on the same meal. I must have been upset.

INTER OFFICE MEMORANDUM

Date July 1, 195X

FROM _____

TO _____

Bob: Here, as a surprise, is June's figures on our operation. The man who tells us our requisition cards designed this report form. Please note that you shall have cumulative totals of dietary costs on a year to date basis, but more important, the salaries, supplies, and raw food expenses by meal will be reflected in the year to date as well as the monthly figures.

I thought you would like to see how we are using the daily average on the analysis sheets which you thought up. We set our goal at \$6750 per month for raw food, \$225 per day, but as you can see we exceeded it somewhat. We are able to plan menus but some flexibility is necessary in order to come under the budget following days where we exceed the budget. For instance, we had to substitute an onion sauce for the mushroom sauce last Tuesday which saved us approximately \$15.

Reminder: Beach trip July 4, 195X.

Ada

MONTH		DIETARY ANALYSIS (A)															
DATE																	
PRODUCT		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Meat	54.67	63.75	32.98	67.19	42.36	19.76	44.52	55.00	61.13	28.94	54.82	72.26	44.28	90.30	23.82	65.84	818.94
Fish	7.05						8.10									5.80	20.95
Poultry	3.41	8.9	54.83	24.32		78.26		3.30		44.64		32.00	59.30		76	76	307.87
Bread	6.63	6.50	5.03	8.10	6.49	5.29	7.00	5.29	5.29	9.16	9.16	7.51	6.95	5.07	4.67	3.29	92.23
Milk	25.61	28.51	15.99	28.99	27.50	29.25	27.89	29.76	21.90	21.90	34.60	33.23	21.18	27.70	26.28	14.83	408.60
Vegetables	8.69	15.82	7.03	10.07	17.18	11.18	11.18	9.12	11.79	20.29	11.88	17.19	13.46	13.31	10.91	7.39	203.29
Coffee	11.44	12.32	7.49	14.48	11.44	12.32	11.49	12.38	12.44	10.56	9.63	10.56	8.30	7.09	6.16	7.92	165.56
Ice Cream	5.23	3.75	7.96	3.15	2.70	2.70	5.02	5.60	3.31	8.95	2.90	3.37	2.90	3.15	2.30	3.15	64.30
Eggs	20.87	18.87	16.99	19.53	21.79	18.45	2.44	18.60	14.45	16.70	17.11	17.47	18.60	16.34	24.32	14.45	274.07
Groceries	81.02	91.53	52.76	64.97	70.06	69.45	76.77	69.72	106.55	52.75	70.49	42.40	73.44	58.47	57.17	67.85	1044.24
Daily Total	228	241	200	239	219	245	191	212	239	226	209	275	254	221	162	187	3519.11
Accum. Int. Diff.		469	669	907	1129	1375	1566	1736	2018	2249	2442	2718	2942	3164	3386	3573	
Daily Aver.		239	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223

MONTH		DIETARY ANALYSIS (B)															
DATE																	
DEPT.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Bake Shop	27.15	9.78		21.49	21.09	13.66	14.75	17.85	29.22		23.46	23.95	13.85	11.60	15.69	12.75	244.90
Pantry	13.51	15.33	12.03	14.13	16.99	9.63	10.18	8.77	12.47	13.19	14.17	3.93	13.75	8.50	14.45	10.77	191.43
Spec Diet	13.28	13.23	8.07	10.53	8.41	8.35	9.91	9.89	8.25	7.77	14.59	9.76	14.46	7.72	10.29	7.91	162.36
Range 1	105.20	107.08	121.37	113.70	155.94				6.62	10.46	22.37	11.46	125.49	139.09	126.56	161.39	111.59
Range 2	36	6.66	10.40	12.77	23.84	18.23	26.95	40.89	9.60	1.30	25.63		1.59	3.63			1411.67
Utility	31.79	31.41	24.25	23.74	25.74	32.43	18.45	28.90	23.70	5.80	24.40	23.59	17.99	32.72	20.50	30.59	428.31
White Cafe	15.39	21.30	2.76	28.14	17.27	27.77	23.11	17.98	19.59	20.12	15.36	20.59	16.33	14.09	16.35	6.20	292.9
Colored Cafe	3.81	5.29	7.96	4.87	4.33	3.88	4.61	4.74	4.32	6.63	5.96	12.51	5.09	4.84	4.26	4.65	86.28
Other																	
Spoilage													16.93				16.93
Nurses Home	8.72	2.75	1.97	1.78	2.75	1.38	1.65	1.38	1.70		3.75	2.10	1.97	2.93	1.79	1.31	30.78
Inter. Reading	9.57	13.78	8.80	9.31	12.93	9.68	11.16	11.22	8.69	12.47	13.71	9.60	5.77	10.97	13.34	11.16	175.76
A la Carte																	
Administration								18.45		16.28			2.00				32.73
Training School										6.59							24.05
House Staff																	
Painting Room																	
Formulator Room																	
Dis. Quarters																	
Hospital Party																	
Other																	
Daily Total		378	442	378	400	333	311	327	372	322	322	322	315	282	194	172	3519.11

MONTH	YEAR TO DATE
June	AMOUNT
DIETARY ANALYSIS	
FOOD ITEMS	
1716.14	MEAT
58.20	FISH
582.95	POULTRY
244.27	BREAD
890.39	MILK
422.36	VEGETABLES
368.30	COFFEE
172.08	ICE CREAM
538.76	EGGS
217.47	GROCERIES
7132.42	TOTAL FOOD COST
-280	AVERAGE FOOD COST PER MEAL
33	NO. EMPLOYEES - DIETARY
1286.40	TOTAL SUPPLY COST
-0.57	AVERAGE SUPPLY COST PER MEAL
3837.51	TOTAL PAYROLL COST
-1.57	AVERAGE PAYROLL COST PER MEAL
10.79	TOTAL PREPARED COST
12267.12	TOTAL PREPARED COST
482	AVERAGE PREPARED COST PER MEAL
100%	
12267.12	TOTAL COST
25459	TOTAL MEALS
482	COST PER MEAL
32.88	OTHER ACCOMMODATIONS
	TRAINING SCHOOL
	FORMULATOR ROOM
	DOCTORS QUARTERS
	FOUNTAIN ROOM
26.80	NURSES HOME
	HOSPITAL PARTY
342.69	INTERMEDIATE FEEDING
5.08	1. OTHER - <i>Chinua</i>
330.90	2. OTHER - <i>Guest trays</i>

INTER OFFICE MEMORANDUM

Date July 2, 195X

FROM _____

TO _____

Honey, I can hardly wait to show this jewel of a report form to our board. In addition to the general excellence of the form, the average raw food cost per meal has dropped 5¢ with an improvement in quality.

Will be by for you at 8 a.m., July 4th.

Bob

(CONTINUED ON NEXT PAGE)

The Administrator's Business Is People

**His task is to be a coordinator of human beings and
his major skills are organization and communication**

EDITH M. LENTZ

HOSPITALS need two qualities in their employes above all others—tough minds and warm hearts. The tough minds are necessary if the business of the hospital is to be done efficiently and the employe is to endure the emotional strain of his work. The warm hearts are necessary if the patients are to endure the strain of being hospitalized. Sometimes the necessary toughness of mind can be found in combination with a warm heart, but that isn't too common. Often one must compromise and settle for two people, each with one of the necessary qualities, in order to keep a given department in balance.

FOLLOWED THE LEADER

One administrator I observed had a unique approach. He kept patient watch for the unusual person with the all-important combination of competence and warmth and, when he found him, the administrator would place him within the hospital organization as expertly as a jeweler would place a precious gem in a crown. One could diagram that hospital the usual way with the ordinary organization chart, or one could see it as a network of human relations with these warmhearted "toughies" in key positions and around each of them a constellation of followers. The followers took their cues from the leader and did their best to give the same generous, wholehearted and competent

care they saw demonstrated by their leader day after day.

It is easy to say that one needs rational policies for hiring people and for placing them where they can do the most good. The trick seems to be in thinking not so much in terms of individuals but rather in terms of individuals and groups, for it is the building of groups that calls for imagination.

Everybody seems to know that the psychologists have found how urgently we need to feel we belong, to be accepted within a circle of friends. Everybody knows (at least, administrators know) that the major task of the hospital administrator is to weave together a wide variety of people with different points of view. He is first of all a coordinator of human beings and among his major skills are organization and communication.

If one considers the needs of a new employe, the importance of these skills becomes clear. A new employe wants to feel the security that comes from being part of a well knit organization. He wants to find himself in a well governed institution, under intelligent control, and to know that his own place within that organization fits his work appropriately into the work of others. This takes quite a while to discover when a person works within a large institution, or even within a large department. The employe's first orientation comes from the small cluster of people who work closest to him, his face-to-face work group.

Perhaps this is one reason the team system has made so much sense to many nurses. It provides just the kind of small human nucleus the psycholo-

gist says is most gratifying. Within it one can find both discipline and fellowship. A person needs to feel part of a disciplined group; he wants to feel there is order rather than chaos. Moreover, he wants to feel a sense of mutual responsibility and the team system gives him that.

Within the small group, one also finds room for self-expression. There are few communication barriers. Even the most timid person can speak his mind among his closest comrades.

HARD TO ACHIEVE ALONE

These things are more difficult to achieve in a department where people must work at solitary tasks, and the skillful administrator must provide channels for communication when it doesn't occur easily otherwise. Once I talked with a group of department heads about the importance of group meetings where employes could express their opinions on how the work could best be done. One department head said vigorously, "Oh, that would never work in my hospital. The first thing you know they'd be telling you how to run the place!"

How right she was. The employes almost certainly would be trying their best to participate in the management of their department. It seemed easier to her to keep them in a passive state. What she couldn't see was that the very alertness and willingness to "interfere" was the price that had to be paid if she was ever to get their willing participation in getting the work done. If we feel part of the family we behave differently than if we feel "we just work here." Moreover, the ability to talk things over as a group

Miss Lentz is assistant professor and research director of the course in hospital administration at the University of Minnesota.

Adapted from a paper presented by the author at the Upper Midwest Hospital Conference, May 1956.

not only influences leader-follower relations but also the relations among the followers. All of us want to sense that the people around us know their business and are motivated to do it well. That realization doesn't have a chance to grow without an exchange of views within the work group. We motivate each other by sharing a sympathetic interest in one another's activities.

The same thing that is true of communication needs within a small group, of course, is true among groups and departments. The hospital's wide variety of occupational groups must be woven together like a tapestry if good patient care is to prevail. Committee systems within departments, meetings between them, and workshops concerning particular problems are all means for uniting individuals and groups and getting them to share a common perspective. It is important to remember, however, that these techniques are means and not ends in themselves. The end must continue to be devoted patient care, not just adequate care but generous, sympathetic and wholehearted care. The means to that end is a feeling of personal involvement of everybody in the hospital's job.

I have discussed the need for hiring good people and for organizing them appropriately, but who has not encountered the individual who did good work in his day but has grown stale on the well organized job?

THEY NEED TO GROW

Staleness comes from standing still. People need an incentive to keep on growing as individuals and as members of an occupational group. Promotional systems are helpful here and some hospitals can reward growth with the opportunity to be upgraded. When that isn't possible, inservice training or "refresher courses" sometimes help by virtue of the fact that they give the individual a sense of being on his toes professionally. More use could probably be made of refresher courses in human relations. This type of education was neglected for a long time but now, increasingly, one finds institutes and workshops where hospital people can talk over what they do, why they do it that way, and what the alternatives are. It can be exhilarating, somehow, even to discover that other people are having the problems we have and not doing any better than we do. Why we find en-

couragement from that is hard to say. And when, on occasion, we find new ideas to bring home, how invigorating that can be!

One source of refreshment which the sophisticated administrator sometimes overlooks is the simple kindly word, the recognition given for a job well done, the prominent place on the bulletin board given to the letter from a grateful patient. Sometimes such mundane things seem corny to us, but it is a mistake to ignore them. Hospital work has a way of draining the spiritual energy from its best people, and they require refilling even from such ordinary fountains as these.

It isn't enough to feel individual growth. A person gets tired of being out in front, too. The hospital worker needs to see his superiors striving to grow, most particularly those he respects most as progressive people. Many administrators would be embarrassed if they became fully aware of the extent to which they set the pattern of thought and behavior within their hospitals. People everywhere tend to model their behavior after that of their leaders. A wise and humane administrator who can be seen as humbly searching for knowledge and a better understanding of people can be more important to a hospital's pattern of patient care than he dreams of. Employees need to feel that the hospital as a whole is willing to entertain new ideas, is reaching out for knowledge of better techniques, and is responsive to the needs of its patients and its community. Then the growing individual within the institution feels encouraged and strengthened.

It is startling to realize how much we know about the importance of human relations within hospitals and how little we know, truly know, about ways to improve them. Research is needed at every point.

For example, we should know a great deal more about sick people than we do. Why do they get sick in the first place? What is "accident-proneness" and what is "hospitalitis"? We know little indeed about the relationship between stresses and strains of our rapidly changing society and the illnesses that crowd our hospitals. Are we sure that the overcrowded conditions are all due to the new insurance plans and to prosperity? We need to know more, too, about the relationships between home training and patterns of health care. Why do some people come readily to the hospital

while others lag behind until it is almost too late to help them? We don't even know very clearly which disorders should call for hospitalization and which might better be treated at home.

We must learn more about the effect of the hospital environment upon therapy. The mental hospitals have pushed far ahead of us here. We are only beginning to learn about the effects of patients on one another, for example. Still to be fathomed are such matters as which patients need visitors and how many; who needs to be babied and who doesn't; which patients should be placed in private rooms and who should be encouraged to go into the ward because his psychological state would benefit from it.

We have a lot to learn about the effect of hospital organization on the employees, too. When do we leave them alone? They need freedom as well as organization—freedom to adjust to the needs of the individual patient, for not all patients are alike. If they feel too cramped by rules and regulations, they can't respond to the patient as one human being to another. It calls for faith to accord employees freedom, but surely this is another prerequisite to good patient care and we need to learn about it.

WHAT ABOUT WELL PEOPLE?

Most of us are well aware of the need for cooperative relations between hospitals and the many other agencies that are also interested in the care of the sick. Sometimes one may wonder whether we know too much about sick people and not enough about well ones. Our job, after all, is to get sick people well again and back into operation in the normal community life. Knowledge is scanty on the subjects of preventive care and successful rehabilitation after long-term illness. Patients and employees alike would benefit by sensing that the hospital is working in harmony with such agencies as the family, the church and the school toward a common goal of bringing about a more abundant life. We must work together with such agencies to figure out healthful patterns of living. In other words, all of us, whether patients or prospective patients or people who work in hospitals, need to feel part of a creative community where reverence for life is held to be a cardinal virtue. Within the hospital, it is the administrator's job to keep this perspective clear.



Above: Air view of the units of Baptist Memorial Hospital in Memphis. Building 1 is the new 13 story Madison-East wing; Building 2 is the main hospital; Building 3 is the school of nursing. The Madison-East wing is constructed in the shape of a Y to provide light and air.

THE MODERN HOSPITAL OF THE MONTH

Below: Close-up of Madison-East addition connected with the main hospital shown at right. This month's cover photograph shows a nursing station in the new unit.



New Wing Makes a Good Hospital Better

Its handsome 13 story Madison-East wing brings Baptist Memorial Hospital in Memphis to a capacity of 800 beds and adds new ideas in construction and equipment to the unusual services that have made the hospital famous throughout the area it serves

The hospital presented here has been selected as The Modern Hospital of the Month by a committee of editors. Award certificates have been presented to the hospital and the architects. A similar award will be made each month.

THE opening of the 13 story Madison-East wing of Baptist Memorial Hospital, Memphis, Tenn., last December brought the hospital's bed capacity to 800 and climaxed 44 years of progressive planning for the care of patients in the area.

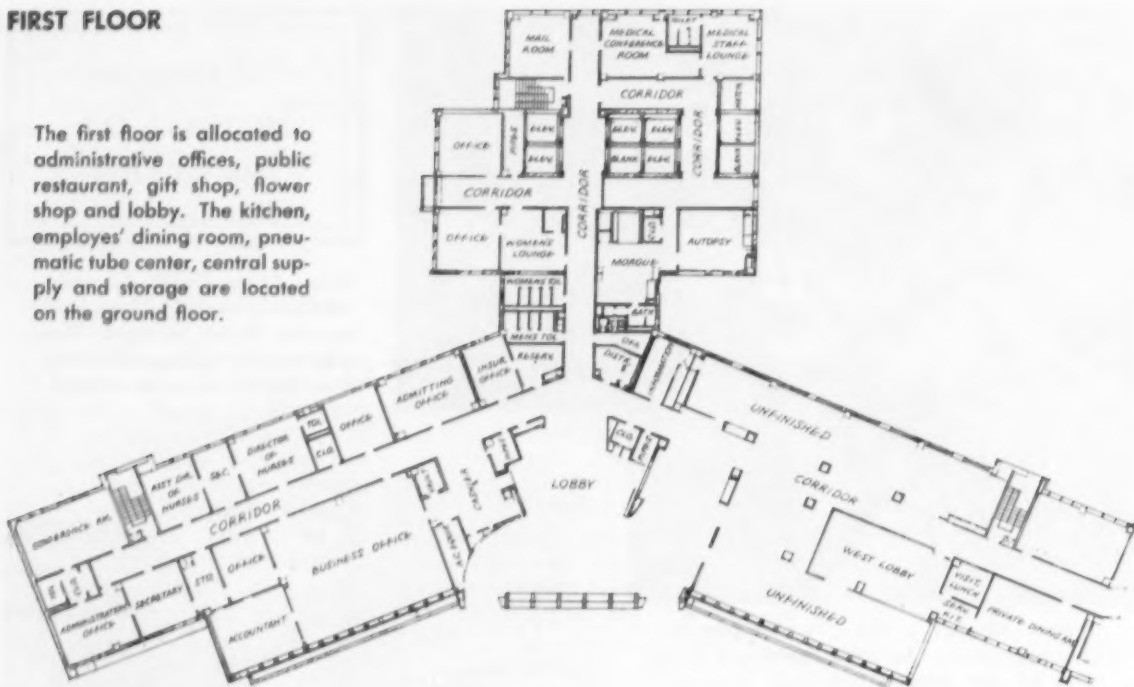
Baptist Memorial has long been noted for providing such unusual facilities as hotel rooms for visitors and outpatients; doctors' offices, and a service garage for the medical staff

(see text on pages 82 and 83), to say nothing of public restaurants and a drugstore. Accordingly, hospital officials and the architects—Walk C. Jones of Memphis—designed the new unit in keeping with this progressive tradition.

Many new ideas in hospital construction and equipment have been incorporated into this ultra-modern building, according to Robert F. Scates, (Text Continued on Page 84)

FIRST FLOOR

The first floor is allocated to administrative offices, public restaurant, gift shop, flower shop and lobby. The kitchen, employees' dining room, pneumatic tube center, central supply and storage are located on the ground floor.



BAPTIST MEMORIAL SPECIALIZES IN EXTRAORDINARY SERVICES

THREE services which Baptist Memorial Hospital in Memphis has been rendering to its patients for some time are perhaps without parallel in the hospital field, certainly on anything like a comparable scale. These are (1) a service garage, (2) doctors' offices, and (3) hotel accommodations.

SERVICE GARAGE

A service garage is operated for the convenience of the medical staff and a limited number of hospital employees. The garage contains about 75 parking places and doctors and personnel have found it extremely convenient to have their automo-

biles serviced with a minimum of effort on their part.

The garage is connected with the hospital building so that its customers can go directly into the hospital without going outdoors in bad weather.

The garage was originally leased to an outside operator. However, the hospital assumed operation on July 1, 1955. Thus far, the hospital has made only a nominal profit from the garage, although the financial status has shown some improvement recently. For the month of January 1956, the percentage of gross income over expenses was approximately 10 per cent.

In fairness to the hospital, officials say, it should be pointed out that the doctors' parking lot is provided free to the medical staff and that the employees who manage the lot are supplied from the service garage personnel.

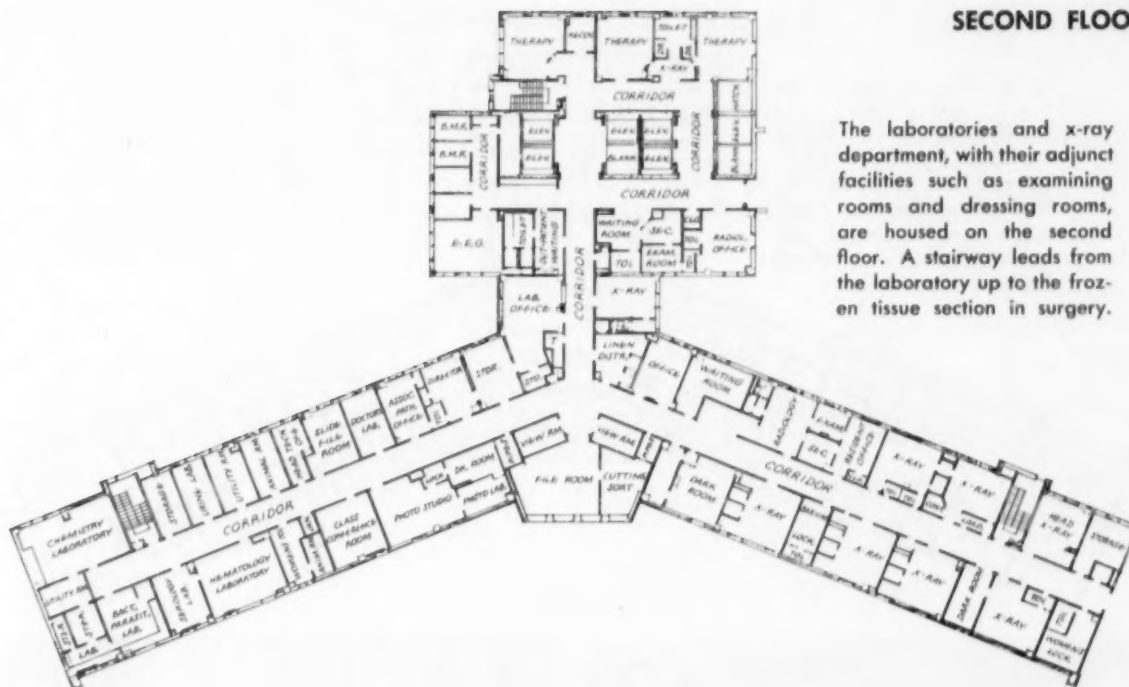
DOCTORS' OFFICES

Some 40,000 square feet of space is presently assigned to doctors' offices in the old hospital building. These offices, used by 80 members of the staff, are located above the ground floor and beneath two nursing floors and the hotel floor. They also adjoin patient areas but are separated from them by double

The service garage for doctors can handle 75 cars. Visitor scans the floor directory of doctors' offices.



SECOND FLOOR



The laboratories and x-ray department, with their adjunct facilities such as examining rooms and dressing rooms, are housed on the second floor. A stairway leads from the laboratory up to the frozen tissue section in surgery.

FOR PATIENTS, THEIR FAMILIES, FRIENDS AND PHYSICIANS

doors; the office areas are served by a separate battery of elevators.

In addition to the existing offices, another section of the building is scheduled for remodeling and conversion to office space, which will add another 33,000 square feet and serve 30 more doctors.

The hospital had several purposes in making offices available to the members of its staff: (1) to encourage concentration of practice; (2) to improve the care of patients by making it easier for doctors to see their hospitalized patients; (3) to provide an extra source of income that would make it possible for the hospital to offer charity

service and thus ensure a better intern-resident training program.

The hospital realizes about 10 per cent of its investment each year. Since the doctors' offices have been in existence for 27 years, this means that the hospital has received income approximating three times the original investment. Office rental rates at the hospital compare favorably with those in other office buildings and may even be slightly lower

HOTEL ROOMS

Some 20 rooms located on the top floor, north, of the old Baptist Memorial Hospital building are assigned as hotel accommodations.

These rooms are made available to friends and relatives of patients; to board members who come in town for board meetings, and, on occasion, to persons whose doctors have offices in the hospital and who wish to come in for diagnosis or treatment on an outpatient basis.

Inasmuch as approximately 48 per cent of the patients admitted to Baptist Memorial come from outside the city, this arrangement is highly advantageous. As a result, the rooms are full at all times.

The division has been so successful that as space is released in the old building with the opening of the new Madison-East wing an additional 20 rooms will be assigned for this purpose.

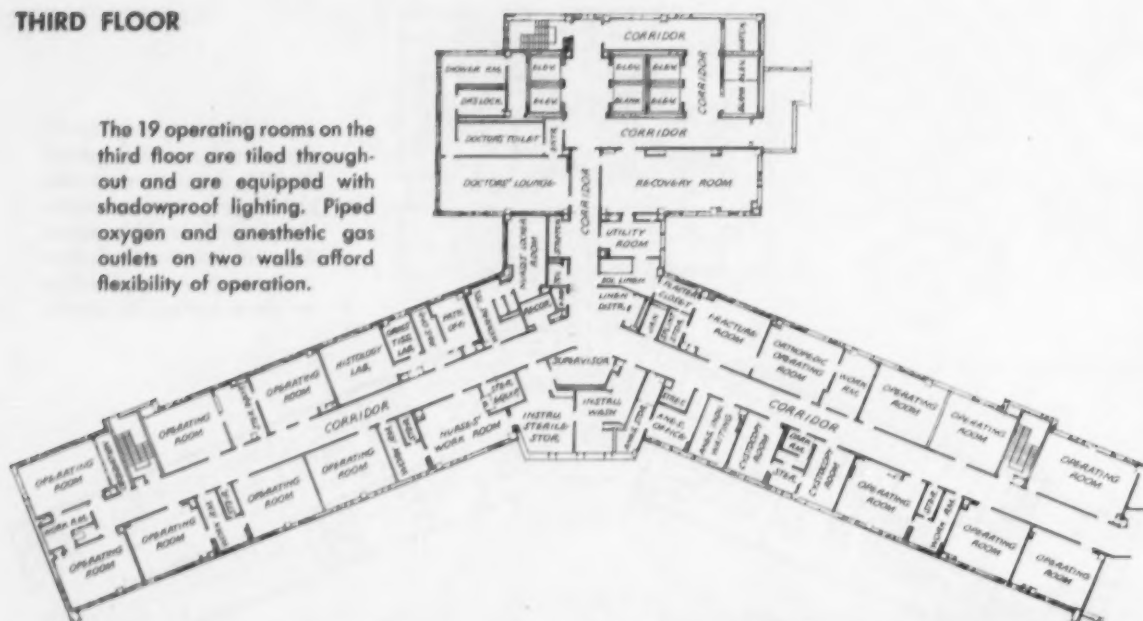
Financially, the hotel rooms are a definite success. Owing to low operating costs the hospital is able to rent these rooms at the rate of \$4.50 (single) and \$7 (double) a day, and realize considerable profit—much more than is realized from the identically furnished patients' rooms on the floors directly beneath the hotel rooms. For example, gross income from the hotel rooms for the month of January was \$2,214.79, whereas operating expenses were approximately \$375.

Hotel rooms are provided on two floors of the doctors' building.



THIRD FLOOR

The 19 operating rooms on the third floor are tiled throughout and are equipped with shadowproof lighting. Piped oxygen and anesthetic gas outlets on two walls afford flexibility of operation.



The heart of each floor is the nurses' station. From this desk nurses are kept in constant touch with each patient through the intercommunication system. Nurses' work area is located behind the door shown at rear of picture.



A nurse's aide takes supplies from the dumb-waiter which connects every patient floor with the central supply room on the ground floor. The pneumatic tube system is also connected with nurses' stations on each patient floor.

(Continued From Page 81)

assistant administrator, including specially designed reversible windows; nurse-to-patient communication system; pneumatic tube system; adjustable height beds, and the stainless steel "mobile cruisers" on which food is transported from the central kitchen.

Mr. Scates pointed out that Madison-East is not a complete hospital but is integrated with the over-all operation of Baptist Memorial. The pharmacy, obstetrical department, medical records department, social service department, telephone exchange, admitting office, emergency room and physical therapy are still located in the old building, which is connected to the new wing by covered walk-ways on five floors.

The top story of the new unit houses the hospital's radioisotope laboratory.

The first three floors and basement contain the business and administrative offices; commercial spaces (including restaurant, gift shop, and flower shop); x-ray department; surgery; laboratories; central supply and storage; kitchen and employees' dining room, and the pneumatic tube center. The nine stories in between are occupied by patients—a total of 429 beds for adults and 34 beds for pediatrics. A mechanical floor was provided between the third and fourth floors to permit vertical mechanical services to serve the patient floors.

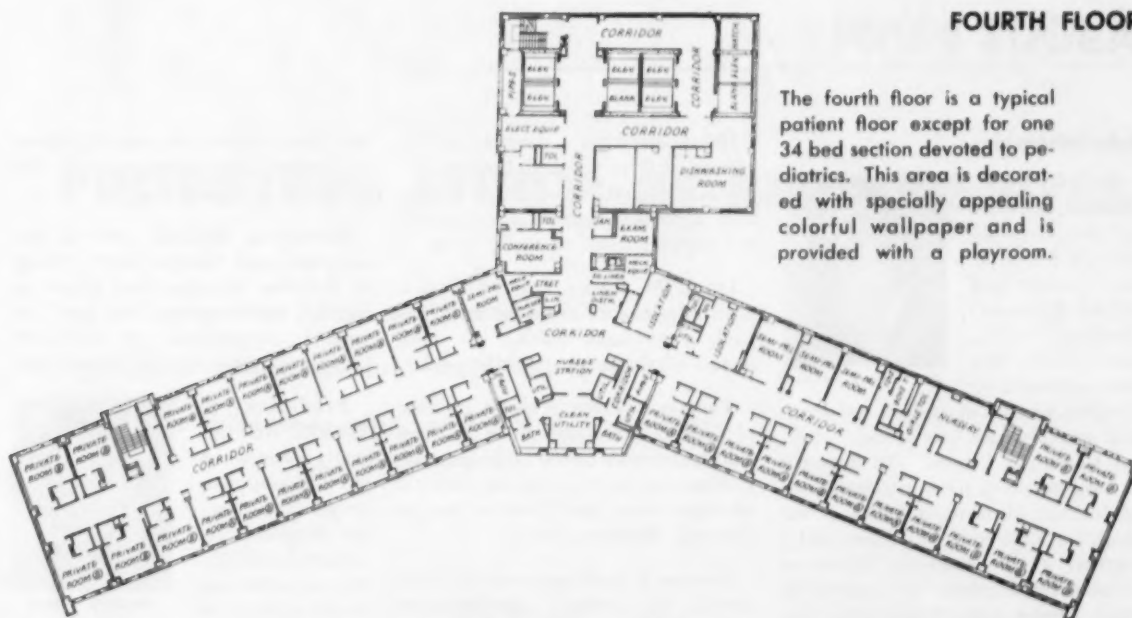
Each of the typical patient floors is composed of 50 beds in private or semiprivate rooms (with certain exceptions in the pediatrics section on the fourth floor), and each is identical with the others except for the color

schemes. Elevator service to these floors has been planned to keep traffic away from the patients' rooms. The nurses' station on each floor is located in the center of the patient area, and, with a view to keeping noise to a minimum, nurses' work areas have been placed directly behind the floor station and away from patients. The nursing stations are served by dumbwaiters and the pneumatic tube system.

Attractive color schemes, utilizing pastel tints in combination with contrasting figured wallpaper, were worked out by the architects in collaboration with the hospital officials. Ceilings in patients' rooms are acoustical tile and floors are of rubber tile.

To meet the increased requirements of the new unit, Mr. Scates explained, a new power plant was constructed to

FOURTH FLOOR



The fourth floor is a typical patient floor except for one 34 bed section devoted to pediatrics. This area is decorated with specially appealing colorful wallpaper and is provided with a playroom.



A receptionist in one of the doctors' offices interviews a patient waiting to see his physician. The doctors' section is about to be expanded to add another 33,000 square feet of floor space and serve an additional 30 doctors.



A student nurse tends one of the first patients admitted to Madison-East wing. Note adjustable height bed; piped oxygen outlet (on wall near floor lamp), and nurse-to-patient intercommunication switch at right above the bed.

provide service to both the old and new buildings. The new wing is completely air conditioned by means of a high velocity system. Fresh air is preheated or precooled and sent to the various outlets throughout the building where it is then superheated or supercooled in order to serve the immediate area properly. Air is exhausted through restrooms to a mechanical room. A portion of the air is then reused.

High voltage is used to carry electrical service to building transformers, which are located on every third floor of the Madison-East unit. This feature, Mr. Scates stated, results in economy in wire sizes. The hospital is served by two electrical substations in case there is a power failure at one of them. An auxiliary electrical system is provided

by means of a steam plant which will provide electricity for surgery, fire exits, one elevator, and some critical corridor areas.

While the new unit—like the entire hospital—was designed with the needs and comfort of the patients as the primary concern, the needs of the professional staffs have not been overlooked.

A conference room is located on each floor for convenience in conducting the hospital's educational program. These conference rooms are for use in the instruction of student nurses, the intern-resident staff, and students in the schools of medical records and medical technology.

A frozen tissue section of the laboratory is located inside the surgery and is connected by spiral stairway with

the laboratory on the floor below. The spiral stairway, said Mr. Scates, was put there for the convenience of the pathologist in case he is summoned to surgery in an emergency.

Anesthetic gases are piped into each of the operating rooms, with outlets on two walls in order to afford the greatest flexibility of operation. Each operating room is also provided with vacuum and compressed air outlets on two walls, and each is connected to the surgical supervisor's office by an intercommunication system.

Symbolic of Baptist Memorial's dedication to the welfare of its patients, above each of the two entrances of the new building is a pair of sculptured hands: One represents the hands of blessing, the other, the hands of healing.

ABOUT PEOPLE

Administrators

Dr. Howard R. Bierman, director of the City of Hope's Hospital for Tumors and Allied Diseases, Duarte, Calif., since 1953, has been appointed to



Dr. Howard Bierman

the new position of medical and scientific director of the City of Hope Medical Center in Duarte. Dr. Bierman is a diplomate of the American Board of Internal Medicine, a fellow of the American College of Physicians, and a member of the American Society of Clinical Investigators. He received his M.D. degree from Washington University, St. Louis.

Sister M. Gertrudis, assistant administrator of St. Francis Hospital, Evanston, Ill., and director of the school of nursing, has been appointed hospital administrator. She succeeds **Sister M. Stephanina**, who has been elected assistant to the Mother Provincial by members of the Community of St. Francis. She has been assigned to the Mother house in Mishawauka, Ind. **Sister M. RONALDA** succeeds Sister Gertrudis as nursing director.

R. Bruce Butters, instructor in the University of Minnesota's course in hospital administration and a member of the James A. Hamilton Associates, hospital consultants, Minneapolis, is the new administrative assistant, White Cross Hospital, Columbus, Ohio. Mr. Butters, who will be primarily responsible for the personnel and public relations programs, received his hospital administration degree from Minnesota.

Col. John H. Voegtly, chief of the department of atomic casualties studies at the Walter Reed Army Institute of Research, Washington, D.C., has assumed the duties of executive officer of Walter Reed Army Hospital, Washington, D.C. He succeeds **Col. Joseph R. Vivas**, who has been named deputy commander of Madigan Army Hospital, Tacoma, Wash.



Col. John H. Voegtly

Helen Broadus, a member of the nursing staff at Garrard County Memorial Hospital, Lancaster, Ky., has been appointed business administrator and superintendent of nurses there.

Dr. C. M. Schrier, assistant medical superintendent at Kalamazoo State Hospital, Kalamazoo, Mich., has been named administrator of the hospital.

Thomas R. Pettet, a recent graduate of Georgia State College of Business Administration's course in hospital administration, has assumed the duties of administrator of the Rockmart-Aragon Hospital, Rockmart, Ga.

Vencent F. Snider, who recently completed his hospital administration studies at Oklahoma Baptist University, Shawnee, Okla., is the new administrator of Wewoka Memorial Hospital, Wewoka, Okla.

William H. Hoobler, superintendent of Jamestown General Hospital, Jamestown, N.Y., has resigned his position there.

W. Bruce Boggan, a recent graduate of the course in hospital administration given by the Georgia State College of Business Administration, is the new administrative assistant at Macon Hospital, Macon, Ga.

Donald C. Calcaterra, assistant director of Butterworth Hospital, Grand Rapids, Mich., has been appointed administrator of New Castle State Hospital, New Castle, Ind. Mr. Calcaterra is a graduate of the University of Chicago's course in hospital administration. The 1000 bed state hospital is being developed as a research center for emotionally disturbed patients.



D. C. Calcaterra

James Sorenson has been named administrative assistant in charge of professional services at the Dr. W. H. Groves Latter-Day Saints Hospital, Salt Lake City, Utah.

O. C. Estes, assistant administrator of the Hospital Center at Orange, N.J., is the new administrator of McAlester General Hospital, McAlester, Okla.

Mr. Estes received his master's degree in hospital administration from the University of Chicago.

Bernard A. Mitchell, who recently completed the Georgia State College of Business Administration course in hospital administration, has been appointed administrator of LaFollette Community Hospital, LaFollette, Tenn.

Frederick J. Eckfeld, who recently completed an administrative residency at Norton Memorial Infirmary, Louisville, Ky., as part of his work toward a



Frederick Eckfeld

master's degree in hospital administration at the University of Minnesota, has been named administrative assistant in charge of personnel, St. Luke's Hospital, Cleveland.

Pearl Cunningham, administrator of Tisdal Hospital, Elk City, Okla., has resigned her position there.

Raymond E. Gray has been appointed assistant administrator of John Peter Smith Hospital, Fort Worth, Tex. He was formerly assistant administrator of Eastern New Mexico Medical Center, Roswell, N.M.

Frances Beckner has assumed the duties of superintendent of Johnson County Memorial Hospital, Buffalo, Wyo., succeeding **Geraldine Morris**.

Rebecca Christopher is the new administrator of Gaston Hospital, Dallas, Tex., succeeding **Irene Weaver Perry**.

George B. Little Jr., administrator of Weirton General Hospital, Weirton, W.Va., has assumed the duties of administrator of Anderson Memorial Hospital, Anderson, S.C. He is a graduate of the University of Minnesota's course in hospital administration.

David V. Shaw, assistant director of Southside Hospital, Bay Shore, N.Y., has been appointed administrator of New Milford Hospital, Inc., New Milford, Conn., succeeding **Muriel M. Russell, R.N.**, who retired. He is a graduate of the course in hospital administration given by Yale University.

(Continued on Page 170)

PROTOTYPE STUDY: 25 BED HOSPITAL

**Beginning a new series of "prototype studies"
of hospital operations and activities, with
up-to-date information on principal departments**

This expanded prototype study of the 25 bed hospital analyzes operations in greater detail than has ever been done before. The prototype study becomes a useful tool for self-evaluation by hospitals in this size group, and a guide to administrative planning. Subsequent studies will present similar detailed information describing hospitals in the larger size groups

LOUIS BLOCK, Dr. P.H.

*Chief, Research Grants Branch
Division of Hospital and Medical Facilities
Public Health Service, Washington, D.C.*

MOUNTING appreciation and demand for hospital services in the last 10 years has resulted in increased emphasis on hospital construction in order to meet the growing need for facilities to provide good patient care. Increased deficits and gaps in the provision of facilities occurred during depression and during World War II years.

By 1946, in the aftermath of the war, this need became so pronounced it came to be recognized as one of the most pressing health problems facing the nation. The passage of the Hospital Survey and Construction Act of 1946, and the needs and desires of the people

and communities themselves, stimulated intense interest in the provision of better services as well as facilities.

The result of such developments has been a coordinated teamwork—out of which all groups working together, hospital, medical and civic, tried to produce the best facility in which the best possible care could be given.

This teamwork and consultation of all groups in the development of the present-day hospital program required that three basic areas of information be looked into and studied in order to permit sound planning. These areas were (1) community needs, (2) facility design, construction and equip-

PROTOTYPE STUDY: 25 BED HOSPITAL

ment, and (3) functional hospital operation and management.

Concerning the first, community needs, an approach has been made through the development of the state hospital plans under the Hospital Survey and Construction Act (Hill-Burton program). Experience in this area, plus the growing field of competent hospital consultation, has shown some progress. Despite this, there is still needed, in order to round out and complete this approach, the development of sound "Elements of Community Measurement." This may well take the form of tested and proved methodology for application to individual community needs. Studies of the many objectives and measurable factors necessary to such a development are in process today—with many groups, official and nonofficial, educational and operational, working together in this area.

In the second area, hospital design, construction and equipment, much has been done. Perhaps the best recognized achievement has been the development of the "Elements of the General Hospital." The provision of such guides for planning has stimulated research, has developed educational mechanisms, and has raised the general level of hospital architecture, design and construction to a point never before reached in this country.

Concerning the third area, hospital operation, certain advances have been made. Much of the advancement has been through increased consultation from competent consultants at state, local and individual levels and through the development of limited guides and informative details. However, in this particular area there have not yet crystallized the basic guides necessary to real hospital measurement and to functional hospital design.

The importance of all the aforementioned developments lies in the fact that they supply general information upon which to plan for specific requirements. They are the target drafts which must be adapted to assure that they fit local conditions and needs.

Quite often the statement is made that no two hospitals are alike. It is recognized, and true, that although basic similarities in function do exist,

each hospital is an entity in itself to a certain degree. As such it presents variations from a guide pattern because of local situations and local differences. Despite this, application over the years of existing guides in planning has established their usefulness.

NEED WRITTEN PROGRAM

Many times it has been recognized that a written program of hospital operation is necessary properly to develop both the areas of community needs and hospital design, construction and equipment. Without knowledge of hospital operation, little real advancement could be made in either of these areas. Such written programs are based upon measurable facts—and such facts are, especially in the area of hospital operation, largely obtained from statistics.

Hospital statistics may be national, regional, local or individual in scope. As one progresses from the individual to the national picture, the information obtainable moves from the specific to the general and from narrowly defined to much broader areas. Necessity has dictated such generalizations with regard to national data because of the magnitude of the job and the expense involved in obtaining specific information regarding the hospitals of the United States.

We have had to be satisfied with current reporting and data on numbers of institutions, beds, broad utilization information, and gross personnel and financial data. Prior to 1945, the major source of hospital information was the annual hospital number of the journal of the American Hospital Association. Since that time the American Hospital Association has contributed national, regional and state summaries of general information and, as specific one-time studies, certain additional specific information.

Despite the fact that we rely heavily on these two sources of data for planning and programming for hospital services, there does exist a tremendous reservoir of specific and detailed information regarding hospital activities and operations in various individual hospital, local and regional groups.

We have failed to utilize this fountain of knowledge for purposes of real plan-

ning because, in the language of the statistician, it has lacked representativeness, and situations in one area were unlike situations in other areas. This is true without question. Because of this, little real use is made of available information regarding circumscribed localities which might be applied to hospitals of the United States.

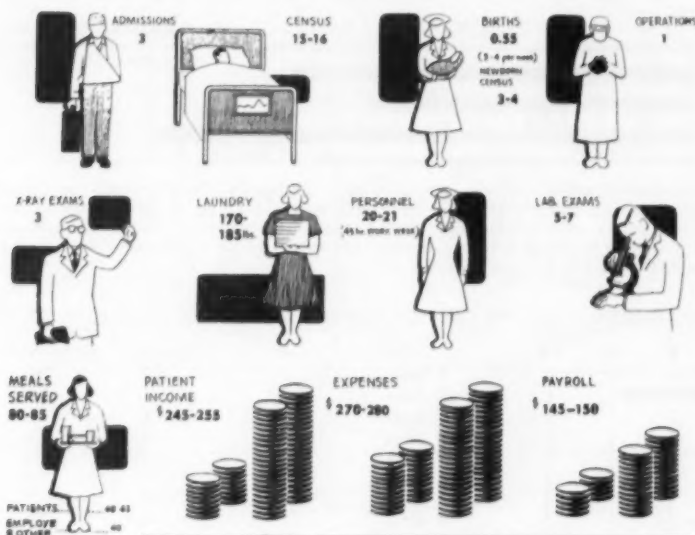
However statistically unsound it might appear, however strong the criticism of the approach may be, this tremendous store of hospital information must be made available for general use. Too often, when a specific question is asked, the answer is "Something was done along that line and information is available for a specific hospital or locality. If this is adapted to your situation it would prove helpful." If this latter is true, then therein lies the possibility of salvage of a vast amount of information for planning and guide purposes.

Emphasizing our original premise, that this kind of information is essential in understanding and approaching an individual problem, it is possible to apply the proportionate variations from the local averages in the area where studies were made to national, regional and state averages and come forth with guides of national, regional and state prototypes of hospital operation. By this means it is possible to disseminate helpful information to those having a direct responsibility in the planning and operation of hospitals and hospital programs. It was this attempt to utilize such information that led to the development of these prototype studies.

This information concerning hospital activities is called "Prototypes of Hospital Operation." A "prototype" is generally defined as a pattern. In this series, it describes "what is" rather than "what should be." This emphasis on the typical or average is obviously beset with many dangers if it is not properly applied. It can be an extremely useful tool for self-evaluation and as a general guide to administrative action when adapted to one's particular needs.

The following prototype is an example of applying these technics and facts to a 25 bed nonprofit, short-term general hospital.

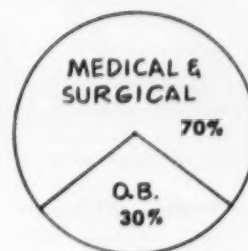
AN AVERAGE DAY'S ACTIVITIES



In this prototype of hospital operation for the 25 bed nonprofit, general hospital, national data were used whenever available. Regional, state or special group information was adjusted to the national basis. This represents the composite or average of existing statistical data. As new or more refined information becomes available, the content may need revision. It does not generally reflect affiliated services with other hospitals and sources; nor does it necessarily indicate the ideal institution.

BED DISTRIBUTION

In at least half of these hospitals, medical, surgical and obstetrical patients have beds specifically set aside for their use. For this reason they are considered as major services to such a hospital type and size group. In many instances it is common practice to combine medical and surgical services. In fact, in the 25 bed hospital, the only assignment of beds is for obstetrical patients. The remaining beds are usually classified as unassigned, *i.e.* to be used for medical, surgical and other patients as needed. The bed distribution shown in chart at right will be affected by assignments to additional services discussed hereafter:



In addition to the basic grouping of patients found in more than half of these hospitals, the 25 bed nonprofit, short-term, general hospital may make specific bed assignments for other patient groups. Because they occur in less than half of

these hospitals they are considered as additional service groupings. The following shows these additional service groupings, the frequency of their occurrence, and the average number of beds assigned them:

PEDIATRIC PATIENT BEDS—

- Frequency of occurrence.....1 in 5 hospitals
- Average number of beds assigned.....4

ISOLATION OR CONTAGIOUS PATIENT BEDS—

- Frequency of occurrence.....1 in 13 hospitals
- Average number of beds assigned.....2

CHRONIC (LONG-TERM) PATIENT BEDS—

- Frequency of occurrence.....1 in 25 hospitals

- Average number of beds assigned.....4-5

NERVOUS AND MENTAL PATIENT BEDS—

- Frequency of occurrence.....1 in 100 hospitals
- Average number of beds assigned.....7

TUBERCULOSIS PATIENT BEDS—

- Frequency of occurrence.....less than 1 in 100 hospitals
- Average number of beds assigned.....

UTILIZATION

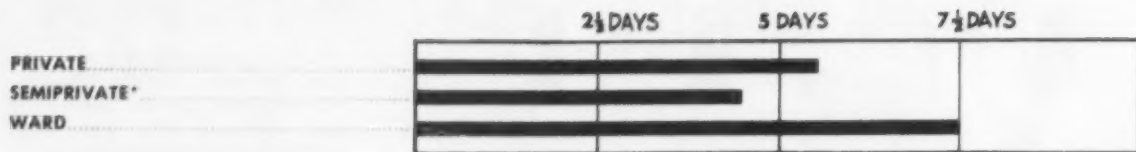
The kind, type and number of patients admitted to and using the 25 bed general hospital are as follows:

Annual number of adult admissions.....	1000
Annual number of admissions per bed.....	40
Annual number of live births.....	200
Annual number of premature births.....	10-15
Annual number of sets of twins.....	2
Annual number of patient days of care....	5500
Annual number of obstetrical days of care.	1250

Annual number of medical-surgical days

of care	4250
Annual number of newborn infant days of care	1100
Average daily adult census.....	15
Average daily newborn census.....	3-4
Percentage of adult occupancy.....	60
Percentage of newborn occupancy.....	40
Average length of patient stay.....	5.5 days

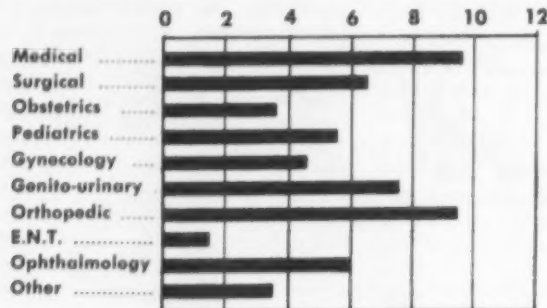
AVERAGE LENGTH OF PATIENT STAY BY ACCOMMODATION:



* (Semiprivate patients usually stay a shorter time than do either private or ward patients. Among the usual explanations for such an occurrence is that the pressure of finances requires the semiprivate patient to get back to gainful employment as soon as possible. Private patients may be in a better position to afford slightly

longer convalescence in the hospital. Ward patients, on the other hand, may have other factors dictating or affecting the length of time they stay. Among these factors are usually those of more advanced cases of illness and home conditions not conducive to convalescence.)

AVERAGE LENGTH OF PATIENT STAY BY DIAGNOSIS:



PER CENT OF PATIENTS DISCHARGED BY LENGTH OF STAY:

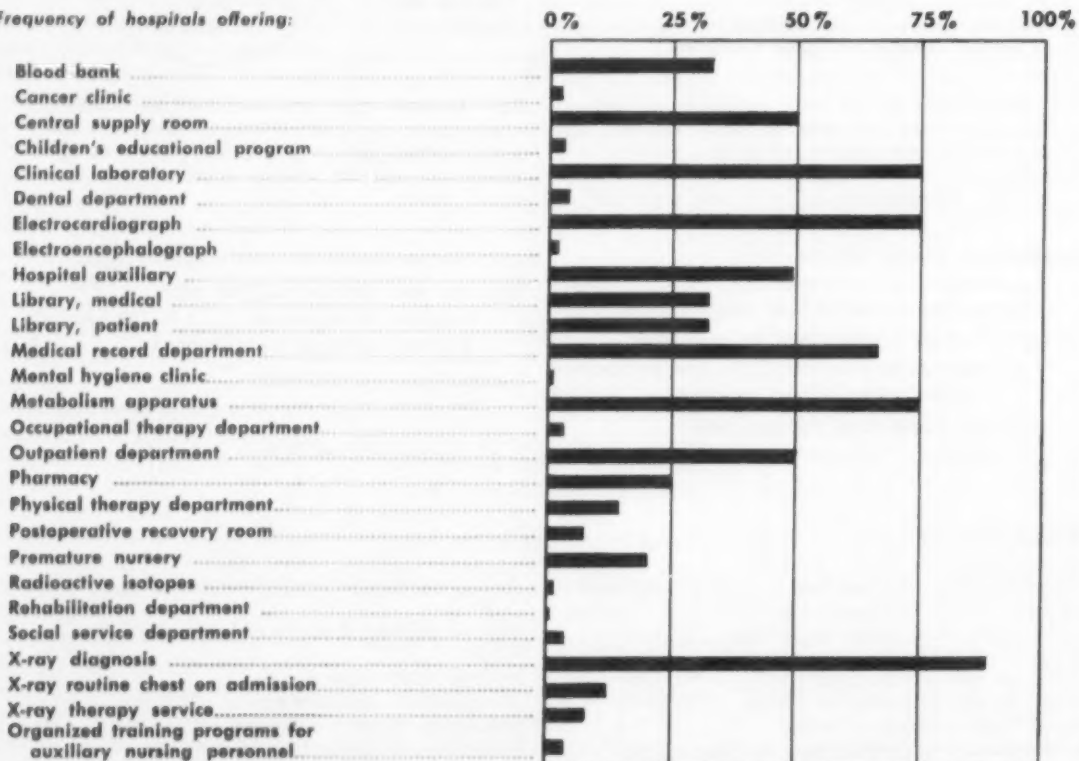
	Per Cent	Cumulative
1 day.....	24	24
2 days.....	7	31
3 days.....	8	39
4 days.....	13	52
5 days.....	12	64
6 days.....	9	73
7 days.....	5	78
8 days.....	4	82
9 days.....	2	84
10-13 days.....	9	93
14-20 days.....	3	96
21-30 days.....	2	98
31 days and over.....	2	100

SERVICES

Services that might be provided but which are generally found to occur in less than 50 per cent of the facilities of this size group are considered as additional. Certain of these services may be provided

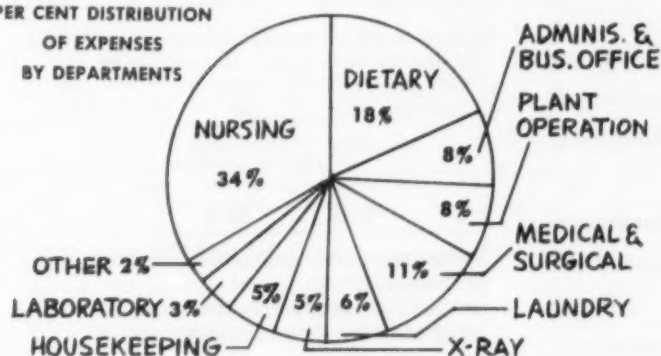
through arrangements with other hospitals and sources. Such arrangements are not reflected in the frequencies shown.

Frequency of hospitals offering:



FINANCIAL

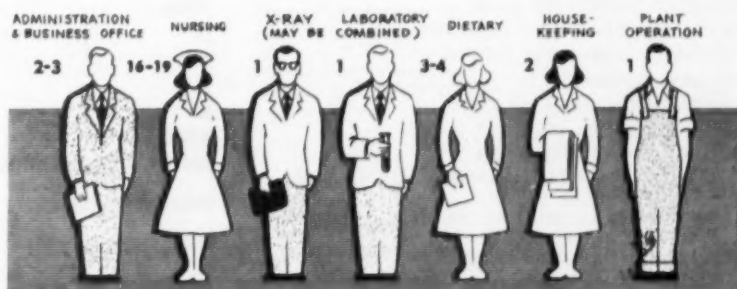
PER CENT DISTRIBUTION
OF EXPENSES
BY DEPARTMENTS



Total assets	\$175,000
Total assets per bed	\$ 7,000
Plant assets	\$137,500
Plant assets per bed	\$ 5,500
% plant assets of total assets	80
Total annual expenses	\$100,000
Total expenses per pat. day	\$ 18
Aver. expenses per pat. stay	\$ 99
Annual payroll	\$ 54,000
Payroll per patient day	\$ 9.75
% payroll of total expenses	54.55
Total annual income	\$100,000
Total income per patient day	\$ 18.25
Annual patient income	\$ 91,000
Patient income per patient day	\$ 16.60
% patient income of total	91

PERSONNEL

DEPARTMENTAL
DISTRIBUTION
OF
PERSONNEL



Number of full-time personnel	26
Number of full-time personnel per 100 patients	171
Number of full-time employees per bed	1.0
Number of full-time employees per occupied bed	1.7
Hospitals having volunteers other than women's auxiliary	1 in 6
For those hospitals having volunteers, average number per hospital	10-11
Hospitals having a women's auxiliary, almost 1 in 2	
For those hospitals having women's auxiliary, average number of members per hospital	155
Average number of members of women's auxiliary working in the hospital	23

Nursing personnel:

a. Total graduate nursing personnel	9
(1) Administrative graduate nursing personnel	1
(2) Full-time instructors	0
(3) Supervisors and assistants	1-2
(4) Head nurses and assistants	1
(5) General duty nurses full-time	3-4
(6) General duty nurses part-time	2
b. Private duty nurses	0
c. Practical nurses	4-5
d. Attendants (in those hospitals that do have them)	2-3
e. Nurse's aides	6-7
f. Ward maids (in those hospitals that do have them)	1-2
g. Orderlies (in those hospitals that do have them)	1-2

Medical technologists:

a. Registered full-time	0
b. Registered part-time	0
c. Other full-time	1
d. Other part-time	0

X-ray technicians:

a. Registered full-time	0
b. Registered part-time	0
c. Other full-time	1
d. Other part-time	0

Pharmacists (of those that have pharmacy dept.):

a. Full-time	0
b. Part-time	1

Medical record librarians (of those hospitals having medical record dept.):

a. Registered full-time	0
b. Registered part-time	0
c. Other full-time	1
d. Other part-time	0

Other medical record personnel (of those hospitals having medical record dept.):

a. Full-time	0-1
b. Part-time	0-1

Dietitians (of those hospitals having dietitians):

a. Full-time	1
b. Part-time	0

Occupational therapists (of those hospitals having occupational therapy dept.):

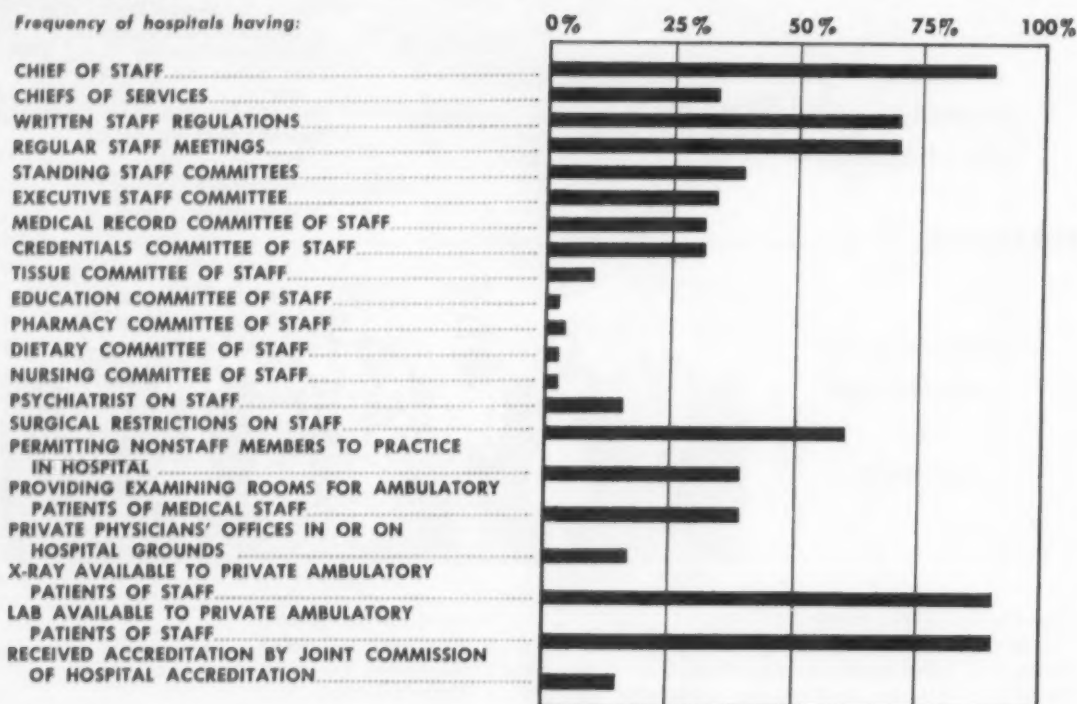
a. Registered full-time	0
b. Registered part-time	0

c. Other full-time	0
d. Other part-time	1
Physical therapists (of those hospitals having physical therapy dept.):	
a. Registered full-time	0
b. Registered part-time	0

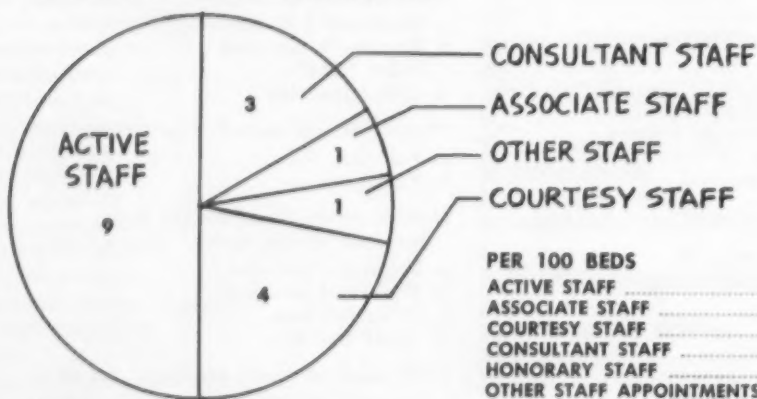
c. Other full-time	1
d. Other part-time	0
Medical social workers (of those hospitals having medical social service dept.):	
a. Full-time	1
b. Part-time	0

MEDICAL STAFF

Frequency of hospitals having:



18 STAFF PHYSICIAN APPOINTMENTS



PER 100 BEDS

ACTIVE STAFF	36
ASSOCIATE STAFF	4
COURTESY STAFF	16
CONSULTANT STAFF	12
HONORARY STAFF	0
OTHER STAFF APPOINTMENTS	4

NURSERY

NUMBER OF BASSINETS.....7-8

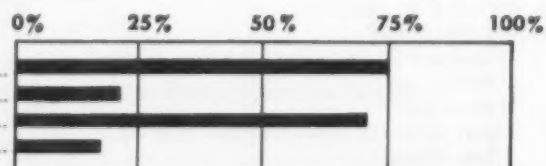
Hospitals having special nurseries for
premature infants

Hospitals using bead bracelets for identification.....

Hospitals using tape bracelets for identification.....

Hospitals having infant incubators*

*Average number per hospital...1-2

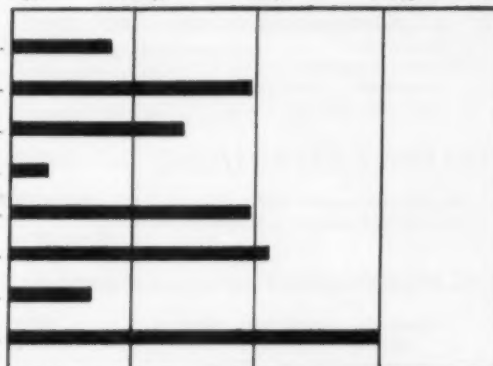


ADMINISTRATOR

Frequency of hospitals:

- Where chief administrative officer is a physician.....
- Where chief administrative officer is a graduate nurse.....
- Where chief administrative officer is other than physician or a nurse.....
- Where chief administrative officer is a graduate of a college course in hosp. admin.
- Where chief administrative officer is a male.....
- Where chief administrative officer is a female.....
- Having administrative staff member on duty at night.....
- Delegating administrative responsibility to night supervising nurse.....

0% 25% 50% 75% 100%



OPERATING AND DELIVERY ROOMS

- Number of operating rooms..... 2
- a. Number of major operating rooms..... 1
- b. Number of minor operating rooms..... 1
- (The minor operating room is most likely used as an emergency room also, or vice versa)

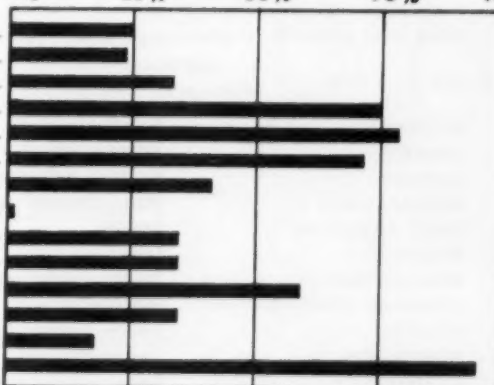
- Annual number of operations.....375
- a. Annual number of major operations.....150
- b. Annual number of minor operations.....225
- Number of delivery rooms.....1
- Annual number of deliveries.....200

LABORATORY

Frequency of hospitals having:

- Physician staff members specializing in pathology.....
- Physician staff members specializing full time in path.....
- Physician staff members specializing part time in path.....
- All tissue removed at surgery routinely examined by path.....
- Urinalysis on all admissions.....
- Blood count on all admissions.....
- Serological exam. for syphilis on all adult admissions.....
- E.K.G.'s on all admissions over 45 years of age.....
- Rh grouping on all pregnancy cases.....
- Preoperative blood grouping on all surgical cases.....
- Preoperative coagulation on all tonsillectomies.....
- Postoperative urinalysis on all surgical cases.....
- No tests without doctors' orders.....
- Lab. facilities available to priv. amb. patients of physicians.....

0% 25% 50% 75% 100%

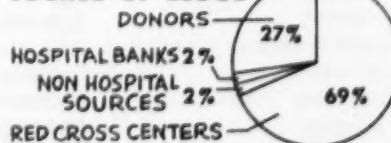


Annual clinical laboratory examinations 2000-2500.

BLOOD BANK

- Hospitals that have a blood bank.....1 in 3
- In those that have a blood bank:
- a. Number of units (500 cc.) issued annually.....142
- b. Number of units per bed per year.....5.3
- c. Average stock in units.....5
- d. Bleeding capacity.....3

SOURCE OF BLOOD

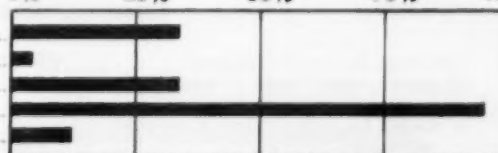


RADIOLOGY

Frequency of hospitals having:

- Physician staff members specializing in radiology.....
- Physician staff members specializing full time in radiol.....
- Physician staff members specializing part time in radiol.....
- X-ray facilities available to priv. amb. patients of phys.....
- Chest x-ray on all admissions.....

0% 25% 50% 75% 100%



X-ray examinations, annually 1050-1075.

PHARMACY

Hospitals operating pharmacies	1 in 6	Of these hospitals operating pharmacies, hospitals manufacturing parenteral solutions	0
Of these hospitals operating pharmacies, hospitals having full-time licensed pharmacist	1 in 4	Hospitals having formulary	2 in 5
Of these hospitals having a full-time pharmacist, average number of full-time pharmacists	1		

OUTPATIENT DEPARTMENT

Number of annual clinic visits	3000	Number of annual private outpatient visits	1700-1800
Number of annual emergency visits	300		

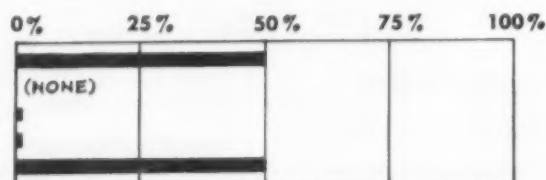
MEDICAL RECORDS

Hospitals microfilming medical records	1 in 67	Number of annual deaths released to legal authorities	6
Number of annual deaths	25	Per cent such deaths (6) of admissions	0.8
Per cent deaths of admissions	2.5	Hospitals using standard nomenclature of diseases and operations	2 in 3
Number of annual autopsies	2-3		
Per cent autopsies of deaths	5-6		

ADMITTING

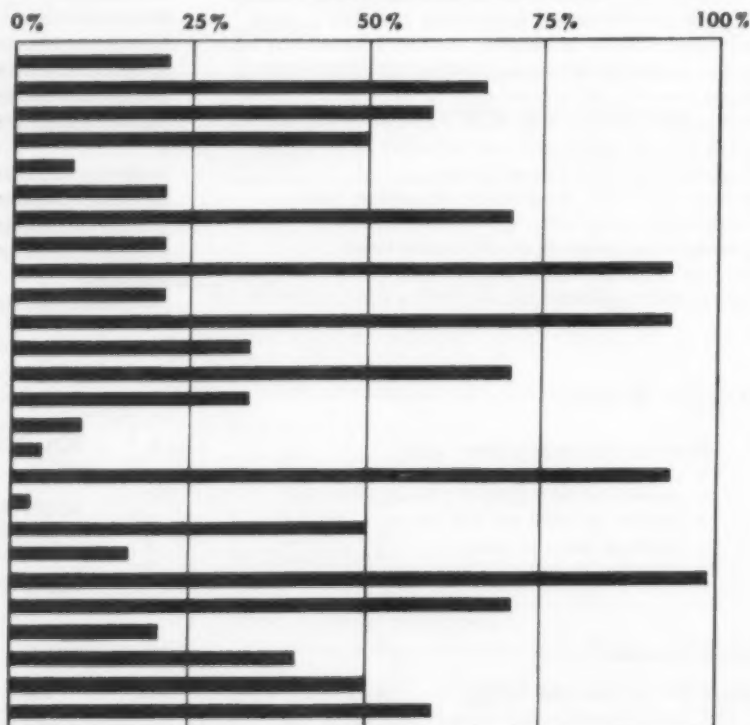
Frequency of hospitals:

Using typewriter system for duplicating
Using mimeo. for duplicating admitting records
Using liquid and gelatin for duplicating admit. recds.
Using plate imprint for duplicating admit. records
Using hand entries for duplicating admit. records



Routinely treating:

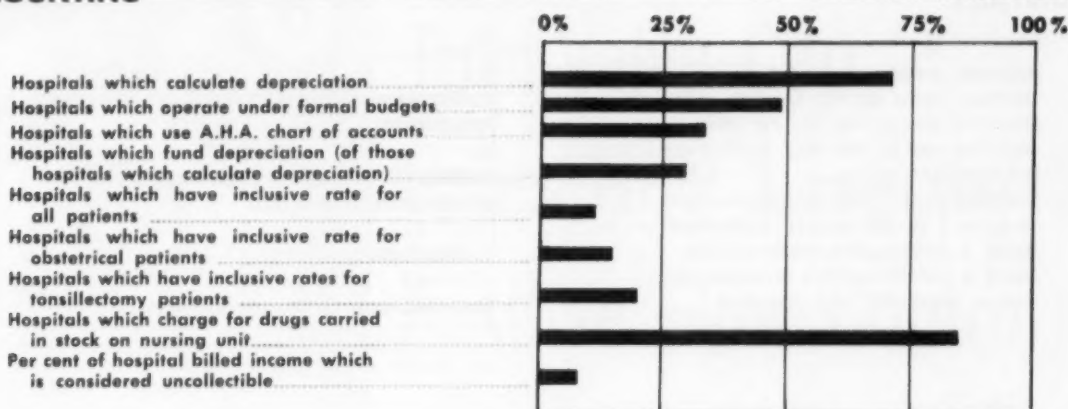
ALCOHOLICS
CANCER
CARDIAC
DERMATOLOGIC
DRUG ADDICTION
EPILEPTIC
GYNECOLOGIC
ISOLATION (CONTAGION)
MEDICAL
NEUROLOGIC
OBSTETRIC
OPHTHALMIC
ORTHOPEDIC
OTORHINOLARYNGOLOGIC
POLIOMYELITIS
PSYCHIATRIC
SURGICAL
TUBERCULOSIS
UROLOGIC
VENEREAL DISEASE
ACUTELY ILL
CHRONICALLY ILL
CONVALESCENT AND REST
GERIATRIC
INDUSTRIAL
PEDIATRIC



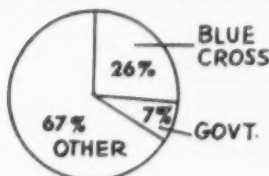
Admitting psychiatric patients. 1 in 67
Of these general hospitals admitting psychiatric patients:
a. Caring for such patients in separate buildings 1 in 7

b. Caring for such patients in separate departments in same building. 4 in 5
c. Caring for such patients in no separate facilities None

ACCOUNTING



% OF BILL CHARGES PAID



STARTING MONTHLY SALARY:

General duty nurse	\$247
Untrained women	134
Untrained men	166
Clerks	170
Practical nurse	170

AVERAGE ROOM RATES:

One-person room	\$11.30
Two-person room	9.15
Multi-bed room	8.20

HOURS OF WORK PER WEEK:

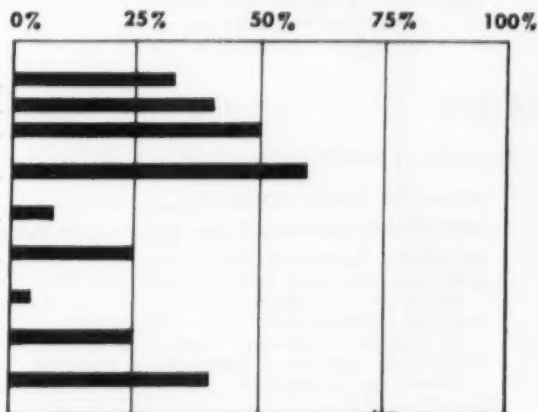
General duty nurse	43
Untrained women	44

AVER. DAYS OF VACA. AFTER 1 YR.

General duty nurse	14
Untrained women	12

Hospitals paying general duty nurses extra pay for:

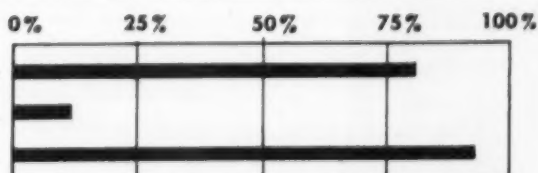
- a. Evening shift
- b. Night shift
- Hospitals paying overtime in cash
- Hospitals offering automatic salary increases to general duty nurses
- Hospitals offering complete maintenance for general duty nurses
- Hospitals offering no maintenance for general duty nurses
- Hospitals offering complete maintenance for untrained women
- Hospitals offering no maintenance for untrained women
- Hospitals requiring advance deposits from patients responsible for paying own bills



PURCHASING

Frequency of hospitals with:

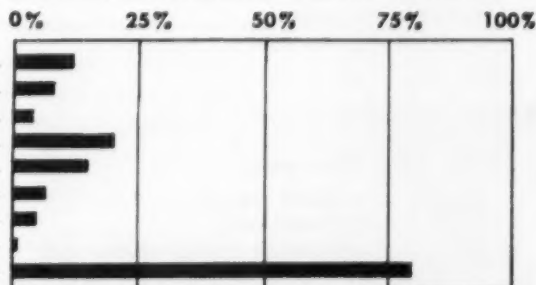
- Central purchasing department
- Full-time purchasing agent (of those hospitals with central purchasing department)
- Part-time purchasing agent (of those hospitals with central purchasing department)



PUBLIC RELATIONS

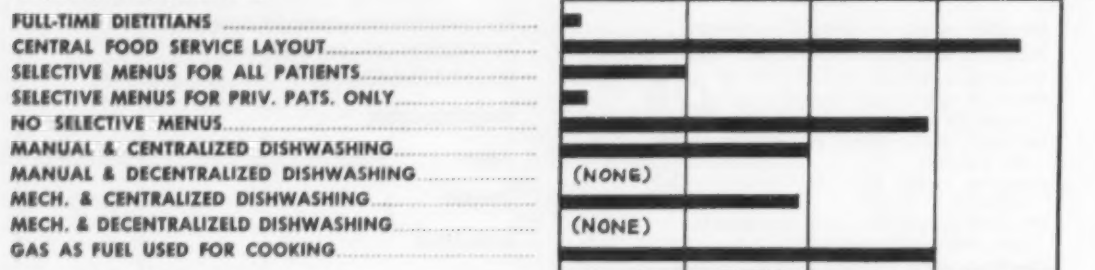
Frequency of hospitals using:

- BOOKLET FOR EMPLOYEES
- BOOKLET FOR PATIENTS
- REGULARLY PUBLISHED HOUSE ORGAN
- PRINTED ANNUAL REPORT
- PATIENT OPINION POLL
- PERSONNEL OPINION POLL
- MEDICAL STAFF OPINION POLL
- COMMUNITY OPINION POLL
- USING NO SUCH POLL (5-8)



DIETARY

Frequency of hospitals with:



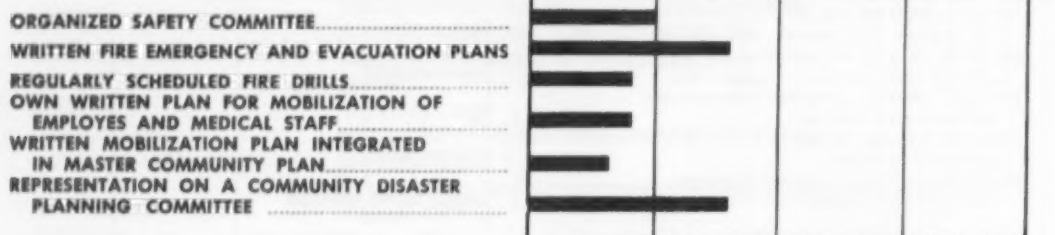
Meals served annually 30,000: (a) Patient meals 15,500
(b) Employee and other meals 14,500.

LAUNDRY

Hospitals which operate own laundry and process all soiled linen.....	almost 1 in 2	a. Number of lbs. processed per wk.	1000-1100
a. Number of lbs. processed per wk....	1200-1300	b. Number of lbs. processed per patient day	10
b. Number of lbs. processed per patient day	11-12	Hospitals which do not operate own laundry	almost 1 in 2
c. Number of lbs. processed per yr... 60,000-70,000		a. Number of lbs. processed per wk.	1000-1100
d. Number of pieces processed per yr.	120,000-140,000	b. Number of lbs. processed per patient day	10
Hospitals which operate own laundry and process only a part of soiled linen	1 in 17	Number of laundry personnel per bed for hospitals that do own laundry and process soiled linen..	1 for each 12-13 beds

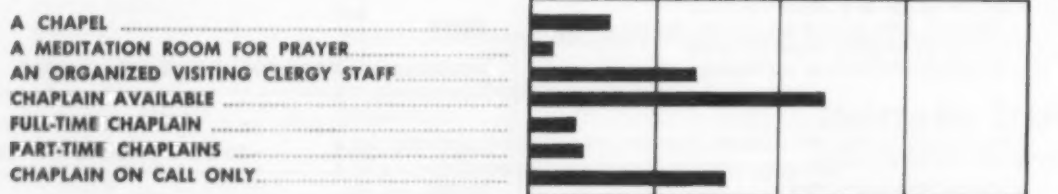
SAFETY

Frequency of hospitals with:



RELIGIOUS

Frequency of hospitals with:



AMBULANCE

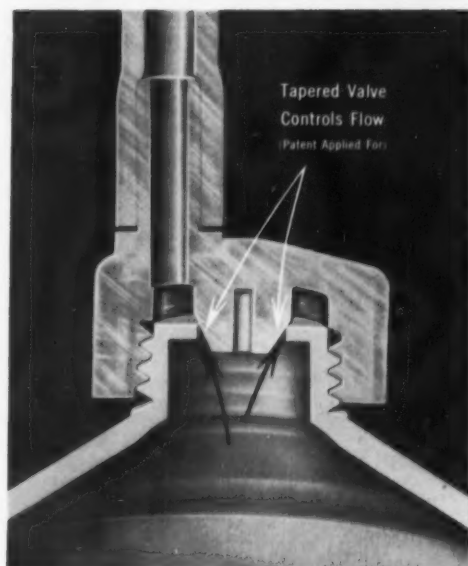
Frequency of hospitals which:





Turn-Valve Cap Gives New Enemol* Positive Flow Control

Just a turn of the valve cap on this Cutter disposable enema unit allows critical adjustment from closed to desired rate of flow. All awkwardness of control during insertion is eliminated . . . a turn for the best in enema administration. This Cutter *exclusive* valve design even permits the clearing of air from the rectal tube prior to insertion.



Tapered Valve
Controls Flow
(Patent Applied For)

Clinical Tests Lead to Optimum Rectal Tube

These tests produced a 6 inch rectal tube sufficiently stiff for ease of insertion yet smooth and pliant to the patient. Possible damage to the mucosa is prevented by the soft round tip.

Control Numbers on Every Unit

Positive indication of safety and uniformity is maintained through rigid controls and tests of Enemol.

Enemol Formula

Clinical studies show that for routine enemas, the time-proved phosphate solutions are superior for both cleansing effects as well as cost of administering.¹

Packed in easy-to-handle 24 to a case, 4½ oz. units.

1. Kehimann, W. H., Time Study On New Enema Technic, Modern Hospital, May 1955.

*TM



Enemol

CUTTER LABORATORIES
Berkeley, California

New Technic of Administering Medications

A time study comparing sustained release
with multidose therapy as a means of dispensing
several commonly prescribed medications

E. GREY GOOBY and DAVID R. TURNBULL

DURING the last three years the use of sustained release capsules has become an increasingly popular way of dispensing several commonly prescribed medications. The sustained release capsule is a preparation which encapsulates hundreds of very small pellets of a drug. Some of the pellets are uncoated so that the first dose of the drug is released immediately; the others are coated with varying thicknesses of a digestible film in order to provide for the gradual, constant release of minute doses of the drug over a period of, usually, from eight to 10 hours.

Various types of drugs (*e.g.* reserpine, amphetamines, barbiturates, antihistamines) are available in this form and several studies have indicated that the sustained release capsules provide therapeutic and practical advantages not afforded by conventional multidose therapy. To those of us responsible for the administration of Pennsylvania Hospital in Philadelphia, the most interesting practical advantage the new form was said to provide was that of cutting down the time necessary to dispense medications.

It is, of course, obvious that one can save time by substituting a single daily dose of a drug for the three or four previously required. What is not so obvious is that the amount of time saved will be significant, particularly when patients also require additional

tablet medications and must be visited several times a day anyway. If a significant amount of time can be saved by using the sustained release capsules, the advantages of using them might be great.

Accordingly, the following study was conducted at the hospital to determine precisely what amount of saving in nurses' time can be achieved by substituting a sustained release capsule for tablet medication. Co-operating with us in doing this time study was the engineering firm of Day and Zimmerman.

Phenobarbital was chosen for this experiment because it is one of the most commonly used medications. The time study was made, a decimal minute watch being used, of all the work performed by medication nurses during four eight-hour shifts on Wards 1 and 3 of our medical-surgical division. Ward 1 contains 40 beds for male medical patients; Ward 3 contains 40 beds for female medical patients. At the times the study was made the wards contained from 73 to 77 patients (Table 1).

Two eight-hour studies were made

(one in each ward) while patients who required sedation were given phenobarbital tablets ($\frac{1}{2}$ gr. t.i.d., or $\frac{1}{4}$ gr. q.i.d.). Two additional studies were made after the sustained release capsules* were substituted for tablet medication: the 1 gr. capsule replaced the $\frac{1}{4}$ gr. tablets q.i.d.; the $1\frac{1}{2}$ gr. capsule replaced the $\frac{1}{2}$ gr. tablets t.i.d. The capsule was prescribed as a one-a-day dose and was given at 8 a.m.

Some medications are, of course, much more quickly and easily administered than others. In order to arrive at a true calculation which would be reasonably free of the errors that occur when times for dissimilar jobs are averaged, separate time increments were determined for each type of medication given. The amount of nurses' time (approximately 20 per cent) spent in pursuits other than dispensing medication (*e.g.* attending class, eating lunch) were also calculated separately and were not charged into any of the calculations connected with the administration of drugs.

Although the study was done on all work performed, the calculations of the times required to administer medications are those most pertinent to this report. Therefore, only these results are presented in detail.

Table 2 lists the times required to administer all types of medications given. The figures include the time necessary for pouring and giving medication as well as for posting the

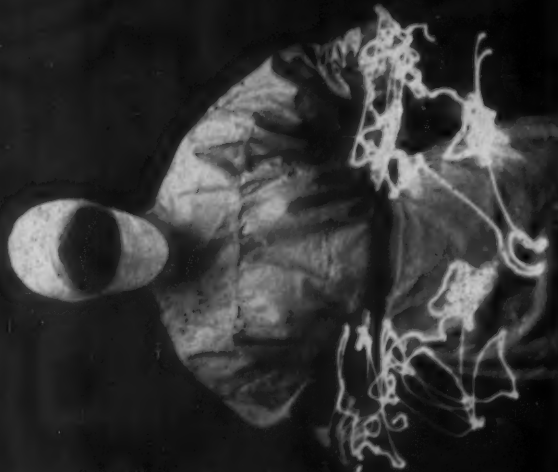
*Eskabarb Spansule capsules, Smith, Kline & French, Philadelphia.

Table 1—Number of Patients Observed

Date	Ward Number	Number of Patients
1/30/55	3	35
2/ 3/56	1	39
2/ 8/56	3	38
2/ 9/56	1	38

Mr. Gooby is assistant administrator, Pennsylvania Hospital, Philadelphia, and Mr. Turnbull is a time engineer, Day and Zimmerman, Inc., Philadelphia.

Nurse
preparing
gut in
glass tubes



Nurse
preparing
D & G
SURGILAR
Sterile Pack
of surgical
gut



Save suture handling with D & G

GET BROKEN GLASS OUT OF THE O. R.

Light-tracings in the time-and-motion pictures show a nurse's hands at work. Compare the simple motions she uses to prepare SURGILAR Sterile Pack of surgical gut with the many motions for tubed gut. She can handle SURGILAR $\frac{1}{2}$ faster than tubes.

SURGILAR saves hospital nurse-power and money. It eliminates glass tubes, provides stronger, more flexible D & G surgical gut coiled in quickly opened, double, sterile transparent envelopes.

[®]Trademark

Hospital-tested SURGILAR helps to improve patient care. It keeps broken glass out of your O.R. No glass fragments to damage sutures, cut fingers, perforate gloves, or invade the operative field.

With SURGILAR, double envelopes are quickly cut, gut easily withdrawn, ready for use. No need to wash plastic envelopes after exposure, since they are protected by the outer envelopes. Jars store in $\frac{1}{2}$ space required for tubed gut.



D & G hospital-tested packaging makes the difference



AMERICAN CYANAMID COMPANY
SURGICAL PRODUCTS DIVISION
DANBURY, CONNECTICUT

photo technician: light-tracings of hands to which bulbs are attached.

SURGILAR[®] Sterile Pack

necessary records. Phenobarbital falls into the category capitalized in the table: *All Other Tablets and Capsules*. In Pennsylvania, the records kept on hypnotic drugs are very similar to those kept on narcotics. The nursing time consumed when a single dose of phenobarbital was given in either tablet or sustained release capsule form was 4.89 minutes.

Because one sustained release capsule replaced either three or four tablets, the use of the capsule eliminated two medications per day for those patients normally getting $\frac{1}{2}$ gr. tablets t.i.d., and eliminated three medications for those normally getting $\frac{1}{4}$ gr. tablets q.i.d. Therefore, the substitution of the capsule for those receiving t.i.d. medication resulted in a saving of 9.78 minutes per 24 hour day per patient (2×4.89); the substitution of the capsule for q.i.d. medication resulted in a saving of 14.67 minutes per 24 hour day per patient (3×4.89).

The number of patients requiring barbiturate medication varied from eight to 12. The opinion of all interested groups was that four days is a rather small sample for the purpose of projecting potential savings. For that reason, the average number of patients requiring t.i.d. or q.i.d. pheno-

TIME SAVED WHEN CAPSULE IS GIVEN ALONE AND WITH OTHER MEDICATIONS

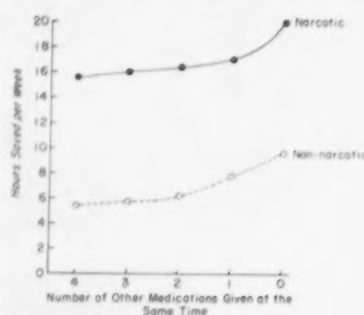


FIGURE 1

barbital was developed on an historic rather than an observation basis.

In accordance with the Pennsylvania state law, the hospital pharmacy maintains complete records of the quantities of phenobarbital issued for each ward and each patient. From these records figures were compiled which give the usage of phenobarbital in Wards 1 and 3 for the last five months of 1955.

These records revealed that from August to December 1955 (153 days) Wards 1 and 3 used a total of 2281 $\frac{1}{4}$ gr. phenobarbital tablets and 4007 $\frac{1}{2}$ gr. tablets. The average number of $\frac{1}{4}$ gr. tablets dispensed each day was 17; the average number of $\frac{1}{2}$ gr. tab-

lets, 28. The approximate daily number of patients on the $\frac{1}{4}$ gr. (q.i.d.) regimen was four; on the $\frac{1}{2}$ gr. (t.i.d.) regimen, nine. The complete counts for each month are given in Table 3.

Projecting the weekly savings in nursing hours to be expected by replacing phenobarbital tablets with the sustained release capsule gives the following results: For patients on the q.i.d. regimen, 411 minutes (4×14.67); for patients on the t.i.d. regimen, 616 minutes (9×9.78). Therefore, the total savings in nursing time per week would be 1027 minutes, or 17 hours.

The savings of 17 hours per week, as calculated, takes into consideration conditions as they actually existed at the time of the study, when the patients were receiving an average of two oral medications at one time. In deriving a time standard per medication this average was used.

Figure 1 shows the savings per week in nursing time when from one to five medications are given at one time. At the first extreme (one medication given) the savings per week would be 20 hours rather than the 17 hours it actually was; at the other extreme (five medications given at once) the resulting savings would amount to 15.6 hours per week. It is felt, then, that the figure of 17 hours per week is a realistic, conservative estimate of the time it is possible to save by substituting sustained release capsules for conventional therapy. This estimate is based on a comparatively small number of patients. The more patients who receive the sustained release capsule, the greater, of course, should be the amount of time saved. Figures 2, 3, 4 and 5 show the savings that might be expected if the sustained release capsule is given to larger number of patients (see page 102).

Although the study indicated that an impressive amount of time may be saved by replacing multidose medication with the sustained release capsule, we were, naturally, more interested in just what practical advantages might result from the saving in time. There were several, but they were not of the kind that lends itself to an objective, statistical analysis.

One of the most important results obtained by the new regimen was the heightened morale of the nurses. Three or four times a day the ward nurse had to make three separate records for each patient to whom pheno-

Table 2—Times Required to Administer Medications

Route of Administration	Types of Medications Given	Minutes Required per Dose	
		Nonnarcotic	Narcotic
ORAL	Digitals tablets	3.320	—
	ALL OTHER TABLETS & CAPSULES	1.964	4.894*
	Drops in water	2.514	—
	Liquid or powder	2.194	—
RECTAL	Suppositories	3.360	—
PARENTERAL	Hypodermic prefilled from ampule	6.643	9.573
	Hypodermic prefilled from dissolved tablet	8.373	11.303
	Hypodermic filled at bedside	5.523	—

*Time required to administer a single dose of phenobarbital.

Table 3—Phenobarbital Tablets Dispensed From August to December 1955 on Wards 1 and 3

Month	Calendar Days	Number of Tablets Dispensed			
		Ward 1		Ward 3	
		$\frac{1}{4}$ gr.	$\frac{1}{2}$ gr.	$\frac{1}{4}$ gr.	$\frac{1}{2}$ gr.
August	31	100	650	400	300
September	30	200	600	300	300
October	31	292	380	396	200
November	30	93	696	400	200
December	31	100	581	—	100
Total	153	785	2907	1496	1100

Hospitals

GAIN INCREASED FLEXIBILITY...

GREATER EASE OF OPERATION with

Ritter Equipped Treatment Rooms



Ritter ENT and Emergency Surgery Table, 9-5-21

A touch of the toe smoothly raises or lowers this table . . . its 4-section top is quickly and easily adjustable to the positions required. Maximum patient accessibility is offered by the 20-inch top width. Table is equipped with static conductive upholstery, mobile base and floor lock, side rails on back, seat and leg sections. The exclusive Ritter motor-hydraulic base is approved by Underwriters' Laboratories, Inc., and C. S. A. for use in hazardous locations, Class 1, Group C.

Ritter ENT Unit, Model MA, Type 1

All five essentials for ENT work are within easy reach . . . air, water, vacuum, electricity and waste. Major low voltage instruments, spray bottles and medicaments are conveniently located for increased efficiency. Swinging instrument table, including special spray and suction bottle, is moved into the physician's working area by a mere touch of the fingers. Your choice of a Ritter ENT Unit provides your hospital with complete facilities for thorough examination and treatment.



Ritter Motor Chair, Model MC

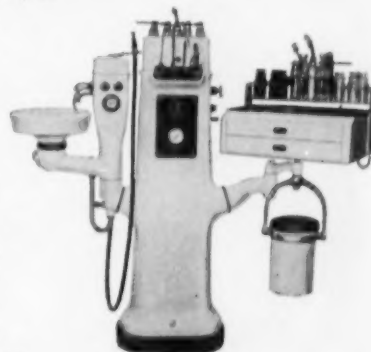
Modern styling, greater patient comfort and increased ease of adjustment keynote the new Ritter motor-chair. The exclusive Ritter motor-hydraulic base provides the physician the exact height desired from 20 to 38 inches, with a touch of the toe. Arm rests provide comfortable patient support in all chair positions. Built-in spring compensation permits backrest adjustments effortlessly and quickly; chair arms can be easily adjusted for patient size. Back and seat sections are foam rubber cushioned, upholstered in top-grain leather. Chair is offered in a number of attractive colors.

Ritter ENT-ORAL and DENTAL SURGERY Unit

Many hospitals and clinics require only the part time services of an Ear, Nose and Throat Specialist and Oral Surgeon. By using a Ritter ENT

Unit, equipped with a Ritter Dental Engine, the small hospital is provided with an ideal combination. All the essentials for Ear, Nose and

Throat work, oral and dental surgery are present. This arrangement provides all these facilities at a minimum cost and considerable saving of space. Each specialist is able to use this equipment part time to great advantage.



WRITE for additional information to the Ritter Company, Inc., 4322 Ritter Park, Rochester 3, N. Y., U.S.A. . . . or contact your Ritter dealer. The Ritter Company, through its dealers, will be glad to assist in the planning of treatment rooms and equipment installations.

Ritter  **Company Inc.**

EXPECTED TIME SAVINGS GAINED BY SUBSTITUTING CAPSULE FOR ONE T.I.D. MEDICATION

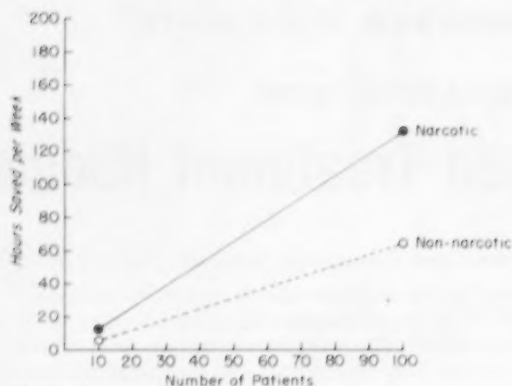


FIGURE 2

EXPECTED TIME SAVINGS GAINED BY SUBSTITUTING CAPSULE FOR ONE Q.I.D. MEDICATION

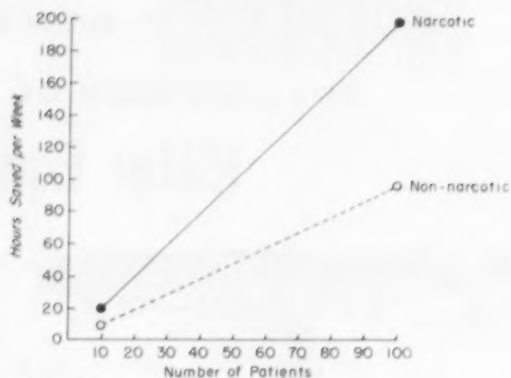


FIGURE 3

EXPECTED TIME SAVINGS GAINED BY SUBSTITUTING CAPSULE FOR NON-NARCOTIC T.I.D. MEDICATION

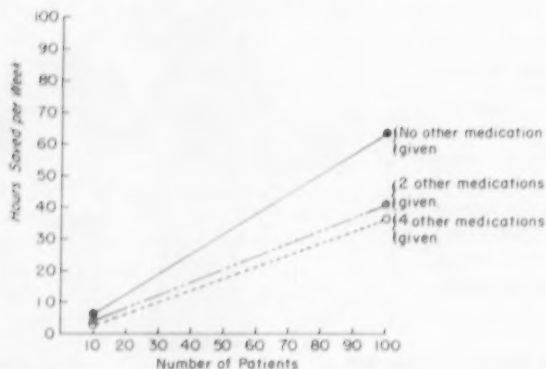


FIGURE 4

EXPECTED TIME SAVINGS GAINED BY SUBSTITUTING CAPSULE FOR NON-NARCOTIC Q.I.D. MEDICATION

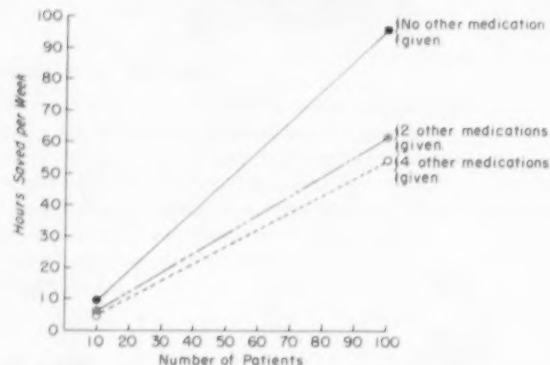


FIGURE 5

barbital tablets were given. The nurses were delighted at being freed from much of the burden of record keeping. Although this job is more time consuming in our hospital than in others where phenobarbital is not classified as a narcotic, it is always annoying. Any routine which can lower the rising tide of paper is an administrative blessing.

The hospital's pharmacist was also enthusiastic about the new preparation. When dispensing phenobarbital, the pharmacist must keep a careful record showing where each tablet has gone. The record (the "Narcotics History Sheet") lists the patient's name, the date, the times each dose was distributed, and the names of the nurses distributing the medication. The use of the sustained release capsule cut down the pharmacist's work load and considerably simplified the clerical routine.

The minutes saved here and there during the day are not cumulative, and the nurses did not find themselves with

two to three hours a day of free time. Neither was the time saved reflected in a more leisurely work pace; however, it was reflected in an improvement in nursing care evidenced in rather subtle but nonetheless important ways.

A great many small jobs nurses perform seem trivial when compared to their other, more important, duties. But as seemingly trivial as these jobs are, they contribute a good deal to the patients' comfort. When they are done well, they often make the difference between adequate and excellent nursing care. Understandably, these are the duties that are often either neglected or done in a perfunctory way by hard pressed nurses who simply do not have the time to attend to them. It was felt the use of the sustained release capsules enabled the nurses to perform these tasks more diligently, and that this extra nursing care resulted in the improved morale of both nurses and patients. There was time for the "personal" touch.

To sum up: The 17 hours a week gained using the sustained release medication were evident (1) in the faster performance of nurses in administering medication, (2) in a substantial decrease of paper work, (3) in the improved quality of nursing care, and (4) in the heightened morale of both nurses and patients.

References

1. Messeloff, C. R.: Sustained Release: New Plan for Capsule Sedation, *Hosp.* 29:122 (January) 1955.
2. Gelvin, E. P., McGavack, T. H., and Kenigsberg, S.: The Anorexic Effect of Sustained-Release Dexedrine Preparations, *Am. J. Dig. Dis.*, 307-312 (October) 1953.
3. Jenkins, B. W.: Are Patients True to T.I.D. and Q.I.D. Doses? *GP*, 9:66 (June) 1954.
4. Katzman, B.: The Menopausal Syndrome, *New Approach to Treatment, Obstetrics and Gynecology*, 6:652 (December) 1955.
5. Roberts, E.: A New Approach to Nighttime Sedation, *Am. J. Med. Sci.*, 227:609 (June) 1954.
6. Roe, J. E.: A Somatic Approach to the Treatment of Emotionally Induced Illness, *Am. Prac. and Dig. Treat.*, 6:394 (March) 1955.

*well
qualified
for
intravenous
anesthesia*

SURITAL[®] sodium

ultrashort-acting intravenous anesthetic

rapid, pleasant induction • uneventful transfer to inhalant anesthesia, if desired • readily controlled surgical plane of anesthesia • minimal interruptions due to laryngospasm or to bronchospasm • prompt recovery, usually without nausea, vomiting, or excitement

Detailed information on SURITAL sodium (thiamylal sodium, Parke-Davis) is available on request.



PARKE, DAVIS & COMPANY
Detroit 32, Michigan

90061

The Effects of Adrenocortical Activity Upon Thyroid Function

THE knowledge of the disease syndrome termed "goiter" reaches back to ancient times. It was sufficiently noteworthy in the Roman era to deserve comment by Pliny and Juvenal. The thyroid gland is described, albeit rather vaguely, in Galen's "De Voce." With the collapse of the Roman empire and the ensuing dark ages, knowledge of the organ advanced no further until the Renaissance. It is noted, however, that in 1180 an Italian physician, Roger of Palermo, was using ground sponges and seaweed in treating goiter; one might infer that all empiricism was not, after all, arrant quackery.

NAMED BY WHARTON

The thyroid received a much more just and complete description from Vesalius in 1543 and from Eustachius in 1552, and was given its present name by Wharton in 1656. The name refers to its shape; the Greek word from which it is derived means an oblong shield. One also notes that the modern German name is *Schilddrüse*. Haller, in 1776, was first to make it clear that the gland is not ducted (in man). During the latter half of the Eighteenth Century and the first three-quarters of the Nineteenth, clinical speculations about the thyroid and goiter were many and diverse; hyperthyroid disease with exophthalmos received the name "Graves' disease" from an Irish physician whose "Clinical Lectures" were published in 1848, but actual experiments were few. In the

last quarter of the Nineteenth Century, investigations went forward at a great rate and culminated in the identification of the active internal secretion, thyroxine, by Kendall in 1915.

The suprarenals were first described by Eustachius in his "Opuscula Anatomica" published in 1564. They were given the name "capsulae renales" by Spigelius in 1627 and renamed, more appropriately, "capsulae suprarenales" by Riolanus in 1628. It remained for Bartholinus to give the first complete description of them in his "Anatomica Reformata," published in 1669. He attributed to them the secretion of black bile.

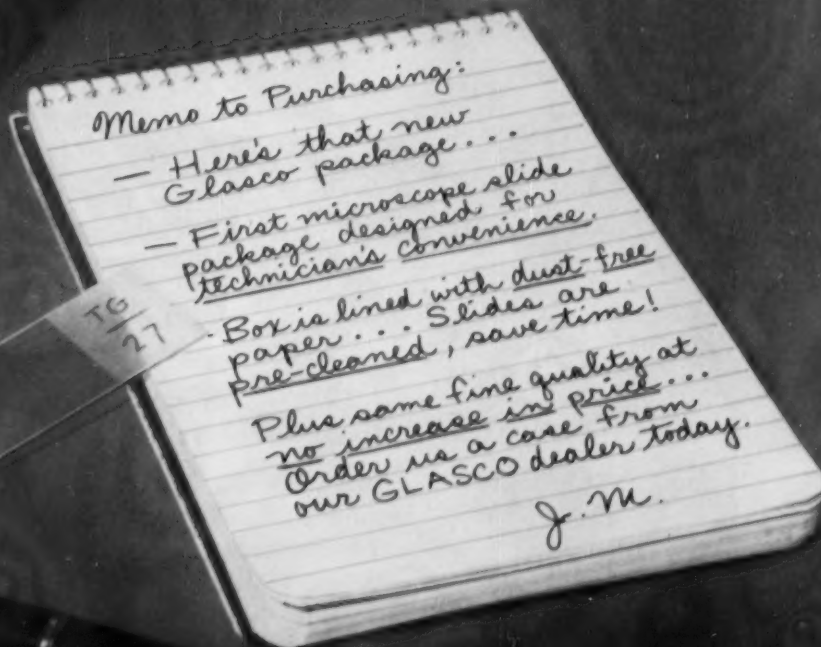
By the first half of the Nineteenth Century, there was much speculation about their function, no one apparently having given much credence to Dr. Bartholinus' suggestion. The most popular and, perhaps in terms of knowledge of the times, most plausible theory was that these were specialized nerve ganglia. This is not unreasonable in view of the fact that their nerve supply is very rich. On the other hand, their copious vascularity might have given a clue to some other function. The first real inkling as to what this might be came when Addison in 1855 published the observation that lesions of these bodies were invariably found in victims of a deadly and enigmatic disease known as "the bronze sickness" from the peculiar dermal pigmentation which was one of its symptoms. He inferred that the etiology of the disease lay in these lesions

which he specifically attributed to tuberculosis.

EXPERIMENTAL DESTRUCTION OF FUNCTION

Addison's discovery led Brown-Sequard in 1856 to become the first to essay experimental removal of these bodies from animals. He reported that extirpation of one gland was possible without danger but that, if both were removed, the animals (dogs) showed markedly reduced vitality, declined rapidly, and very shortly died. He forwarded the theory that the function of these glands was to remove or make innocuous some toxic substance of the blood. He believed that, if both glands were removed, this substance accumulated rapidly in the body of the victim, eventually resulting in death. He also believed that this substance was the pigment seen in Addison's disease in which, because the destruction of the tissues was incomplete, the whole process took place more slowly, but still followed the same course. His findings were almost immediately challenged by Philippeaux who repeated the procedure on rats and found that death did not necessarily follow. He, therefore, concluded that death, when it occurred, was due to surgical trauma, not the loss of an essential organ.

Brown-Sequard therefore repeated his work, introducing controls; he published the results in 1858. He operated on some dogs, traumatized them deliberately without removing the



Memo to Purchasing:

— Here's that new Glasco package...

— First microscope slide package designed for technician's convenience.

Box is lined with dust-free paper... Slides are pre-cleaned, save time!

Plus same fine quality at no increase in price...
Order us a case from our GLASCO dealer today.

J. M.

You can't see **LINDE** oxygen...
TRADE-MARK

BUT LOOK AT

THESE SERVICES

LINDE oxygen itself may be invisible, but the "extras" you get with it are easily seen.

Motion pictures, monthly bulletins, handbooks, and technical aids are available free of charge to users of LINDE Oxygen U.S.P. This material is designed to help hospital personnel to administer oxygen effectively, economically, and safely.

In addition, special LINDE representatives assist hospitals in solving specific problems pertaining to oxygen therapy. Call LINDE when problems arise or, better still, call before they arise. Frequently LINDE can help you to avoid them.



LINDE AIR PRODUCTS COMPANY

A Division of
Union Carbide and Carbon Corporation
30 East 42nd Street, New York 17, N. Y. **UIC** Offices in Principal Cities

In Canada: **LINDE AIR PRODUCTS COMPANY**
Division of Union Carbide Canada Limited, Toronto
(formerly Dominion Oxygen Company)

The term "Linde" is a registered trade-mark of Union Carbide and Carbon Corporation.

Modern, low-cost leg compression routine

SAVES LIVES IN LEADING HOSPITALS

*Studies reveal that routine use of T.E.D. Elastic Stockings reduces the expected incidence of fatal pulmonary embolism 65%
(at a cost of less than 3¢ per bed day)*



T. E. D.
ELASTIC STOCKINGS
BAUER & BLACK

Division of The Kendall Company
© 1956 The Kendall Company

The majority of fatal emboli result from circulatory stasis incident to bed rest. In most cases they originate in the deep calf veins—an area in which prophylaxis is easily accomplished by simple compression of the leg.

Now more and more hospitals, including those associated with the country's leading medical schools, are instituting a new leg compression prophylaxis as standard procedure—the use of T.E.D. Elastic Stockings.

How T.E.D. Stockings work

T.E.D. Stockings were developed exclusively by Bauer & Black in cooperation with Massachusetts Memorial Hospitals in Boston. They exert just enough pressure to speed blood flow through the deep calf veins, thus minimizing clot propagation.

In studies at Massachusetts Memorial Hospitals, they were applied *routinely* to all patients over 21 years of age admitted to the hospitals for more than 24 hours (except in cases of ischemic vascular disease of the legs in which use of the stockings is contraindicated). Data on the incidence of pulmonary embolism was carefully compiled and conservatively interpreted.

The findings: Expected incidence of fatal pulmonary embolism reduced by 65%. *The cost:* 3 pairs per active bed per year, averaging less than 3¢ a day.

A full report of the above study appeared in the New England Journal of Medicine. You may have complete literature for your files, including a reprint of the article, by mailing this coupon to Bauer & Black Research Laboratories.

Bauer & Black Research Laboratories
Dept. T.E.D., 309 W. Jackson Blvd., Chicago 6, Ill.
Please send complete literature on the new leg compression prophylaxis using T.E.D. Elastic Stockings.

Name

Address

City Zone State

glands, and found that they survived. He operated on others, as before, removing one gland only, and found that these also survived. Removal of both glands still resulted uniformly in fatalities. He therefore concluded that his original findings had been correct. The issue remained unsettled, however, and a subject of dispute until 1892 when Abelous and Langlois introduced the idea that survival was dependent upon the presence of accessory tissue. They found that total extirpation quickly led to death in any case, but, in species such as rodents where there is copious accessory tissue, the likelihood is great that the investigator may fail to remove all of this tissue and the animal may survive, utilizing that which remains.

The first intimation that the adrenals and metabolic rate are somehow connected came in 1899 with the investigations of Golyakowski. He partially ligated the blood supply of the adrenals in dogs, thus greatly impairing the glands without destroying them totally, and thereby keeping the animal alive but with its glands in a state of severe hypofunction. He reported that this procedure resulted in markedly increased calorogenesis.

STUDY BY GRADINESCU

About a decade later, Gradinescu at the University of Bucharest undertook a very extensive study of the effects of the adrenals upon circulation and metabolism. He removed the entire gland on each side, using a ventral approach which he was careful to describe in detail; he maintained that the dorsal approach in use previously was much too traumatic. His findings were published in 1913.² He reported that the survival of his animals was very poor: Dogs' survival was about 10 hours; cats were rather hardier, averaging 45 hours, but he mentions that these were more difficult to obtain. He concluded, as so many before him, that the surgical trauma was responsible for the deaths of the animals. While they lived, though, he conducted extensive, carefully documented researches upon them. Among other things, he measured their heat production with a calorimeter. He noted hypothermia with a progressive decline up to death, without exception. He therefore concluded that the rôle of the adrenals was a regulator of intermediate metabolism.

By about 1920, as a result of numerous researches, it was plain that

the adrenal cortex and medulla were functionally separate and that it was the former that appeared to be essential for the maintenance of life. It was then that Marine and Baumann undertook an intensive study of the effects of glands with "internal secretion" upon respiratory exchange; a gland to which they devoted special attention was the adrenal cortex. They used two methods of incapacitating the tissues, one a usual surgical technique, the other that of freezing the cortex with ethyl chloride, thus killing cortical tissue while leaving the medulla intact. In a paper published in 1921⁴ they reported:

1. Adrenocortectomy causes a disturbance in metabolism characterized by increased heat production and CO₂ output.

2. The disturbance is proportional to the completeness of removal of cortical function.

3. The symptoms which result resemble, both anatomically and physiologically, in many essential features those of exophthalmic goiter.

They concluded that further research along these lines might throw valuable light upon Graves' disease. And so here we see for the first time an explicit statement of a link between the thyroid and the adrenal cortex.

Marine and Baumann soon followed their original work with correlative studies on the adrenal cortex and the thyroid. In a paper published the next year, 1922, they reported that thyroidectomy mitigated or entirely canceled the increased heat production owing to removal of the adrenal cortex. They therefore concluded that the adrenal cortex exercised an inhibitory control over the thyroid and that, when this control was removed, hyperthyroidism resulted.

It should be noted that, in both these series, the experimental animal was the rabbit, a rodent possessing a generous amount of accessory cortical tissue; almost immediately after the publication of the second paper, Scott, an associate of Marine and Baumann, published a paper containing seeds of dissent. He duplicated the procedure using cats as the experimental animals. He found that, if the destruction of the cortical tissues was incomplete, the same results followed as with Marine and Baumann's rabbits. But, if the extirpation was complete, he found a rapid decline in metabolism with ultimate death, as had Brown-Sequard and Gradinescu.

EXPERIMENTAL SUPPLY OF SECRETORY PRODUCT

By about 1930, stimulated by the isolation of insulin during the preceding decade, a number of investigators were seeking to isolate an active principle from the adrenal cortex. Among these were Swingle and Pfiffner who in 1931 reported the effect of such an extract upon the respiratory metabolism of adrenalectomized rats. They found that the metabolic rate fell with adrenalectomy but rose again with administration of adrenocortical extract. Probably they were more interested in determining the efficacy of their brew as a replacement than in studying the relationships of the adrenal cortex per se, but one does note that their findings are in further support of those of Brown-Sequard, Gradinescu and Scott.

In 1933, Carr and Connor published a report of a combined histological and endocrinological study of the problem. They observed:

1. Adrenalectomy leads to an increase in size of the thyroid with changes in the staining of the colloid and also increased prominence of the acini. They concluded the net result was hypertrophy of the gland.

2. Animals with adrenal insufficiency have a much lower threshold for thyroid and, concomitantly, thyroidectomy greatly extends the postoperative survival period for adrenalectomy.

About this same time, Davis and Hastings¹ published a report of a still different and perhaps more significant approach. They noted the evidently contradictory findings of the earlier investigators and proposed to try the then still relatively new tissue-assay technic of Warburg as a possible route to a firm solution to the problem. They also noted from the earlier reports that mice, guinea pigs, rats and rabbits frequently were reported as surviving adrenalectomy and that dogs and cats rarely did so. They thereupon came to the conclusion that species differences were the determinant and, further, that the incidence of accessory cortical tissues accounted for these differences. Thus, they were echoing the findings of Abelous and Langlois of 41 years earlier. As a result of gauging the metabolic activities of skeletal muscle of animals on which they had performed various experimental procedures in Warburg's apparatus, they found that in the period of the 40th to the 70th day after adrenalectomy, in those animals which had



251st BOSTON, MASS.
~~203rd~~ FLUOREX GOES TO BUFFALO, N. Y.

Proof of the overwhelming acceptance of Fluorex as a superior diagnostic tool is the number of satisfied users all over the country.

At this time we are happy to report that the 251st Fluorex unit will be delivered to Boston, Mass., the second unit to go to this hospital. Now . . .

everywhere . . . radiologists are seeing more things with Fluorex every day.



CINEFLUOROGRAPHY TOOL

Now you can make dynamic records of what you see—with the Westinghouse Cine Fluorex. See your local Westinghouse representative or write us today.

WATCH

WESTINGHOUSE

COVER PRESIDENTIAL CAMPAIGNS ON CBS TELEVISION AND RADIO

J-08322B

Vol. 87, No. 4, October 1956



Westinghouse
Electric
Corporation

X-RAY DIVISION

2519 Wilkens Avenue
Baltimore 3, Maryland

survived the operation, the muscle metabolism and calorogenesis rose markedly. Their thinking and procedures leave nothing to be desired and one can feel reasonably confident in them. Their conclusions are couched in the teleological terms then current. They infer that the increased heat production is an "attempt" by the thyroid to compensate for the insufficiency of the adrenal cortex.

In 1940, Brewer published a paper relating plasma potassium ion level to metabolic rate. This was followed in 1942 by a more extensive report from Kinsell et al., who reported that it appeared that the thyroid and the adrenal cortex had antagonistic actions on the potassium ion. They found that:

1. Factors which raise metabolic rate cause K^+ to move from intracellular to extracellular spaces. This movement is generally associated with catabolism.

2. Adrenocortical extract causes a drop in plasma K^+ , presumably by causing it to be withdrawn into the cell. Their work was based in part on their own findings and in part on the work of Brewer and of Schacter.

By 1946 it was possible, because of a number of developments in technic, to attack the question anew. Tipton and his associates⁵ undertook to learn of the effects of thyroid substance and adrenalectomy at the cellular respiratory level. They reported that:

1. Activities of succinic dehydrogenase and cytochrome oxidase increase significantly in the liver tissue of rats fed desiccated thyroid substance. This could be demonstrated after the fourth day of feeding.

2. After adrenalectomy, these systems decreased in activity.

3. The increased enzymatic activity resulting from feeding of desiccated thyroid was not as great if the rats were adrenalectomized during the course of thyroid feeding.

4. Administration of adrenocortical extract blocked the changes produced by adrenalectomy.

Perhaps the ultimate study in the direction of experimental supply of these substances was published in 1948 by Hoffman and his associates.⁶ They reported:

1. Adrenalectomy on adult rats decreases their rate of oxygen consumption by an average of 10 per cent.

2. Adrenalectomy on previously thyroidectomized adult rats is followed by an average decline in metabolic rate of more than 20 per cent. Ad-

ministration of cortical extract raises the metabolic rate of thyroidectomized-adrenalectomized rats.

3. Administration of thyroxine to adrenalectomized rats raises their mortality rate. This is in agreement with Carr and Connor's findings.

4. The effect of thyroxine on metabolic rate is depressed in adrenalectomized rats. The inability to react to thyroxine with an increase in the rate of O_2 consumption is especially pronounced in young animals and thyroidectomized adults.

5. Adrenalectomy performed during the height of thyroxine action leads to a decrease in the rate of O_2 consumption, despite continued administration of thyroxine.

6. Administration of cortical extract to adrenalectomized rats raises to normal their metabolic response to thyroxine.

CLINICAL OBSERVATIONS

This entire subject was initiated by Addison's discovery of the etiology of "the bronze sickness." Subsequently, it became clear that disturbed metabolism was a frequent concomitant of the syndrome. By 1926, this was sufficiently obvious to cause Schmidt to postulate that the disease had a dual character with both the thyroid and the adrenals involved to varying extents. He based this on the regularity with which thyroid changes were noted in cases of "cytotoxic adrenocortical atrophy," *i.e.* Addison's disease.

In 1931, Rowntree and Snell commented that involvement of the thyroid was often great enough to produce myxedema, although the thyroid symptoms were usually masked by the adrenal symptoms.

In 1949, Sorkin denied the hypothesis of a bi-glandular disease forwarded by Schmidt, commenting that the thyroid was equally affected by anything deleterious to the adrenal cortex. He reports one case in which myxedema became evident during treatment for Addison's disease, but he adds that Graves' disease is also noted in connection with Addison's and gives references to support this. He supposes that these phenomena may reflect phases of hypophyseal dysfunction.

In 1950, Hill et al. published a report of an extensive study of the effects of ACTH and cortisone on thyroid function. They used these criteria:

1. I^{131} accumulation gradient to indicate the activity of the gland.

2. Serum protein-bound iodine to indicate the level of circulating hormone.

3. BMR to measure tissue response.

They found that an increase in circulating adrenal steroids results in increased calorogenesis and concurrent inhibition of all phases of thyroid function. They offer as explanation the idea that this is a result of increased peripheral effect of the hormone and/or direct calorigenic effect of the adrenal steroids. They believed it was not due to increased utilization of the thyroid hormone. They believed that the adrenal hormone causes an inhibition of TSH as well as ACTH, since, in one subject whose thyroid had been slowed with cortisone, they were able to elicit a fresh increase with administration of TSH. They add that high ACTH levels can depress thyroid activity which in turn can depress adrenocortical activity.

ADRENAL CORTEX, THYROID, AND GROWTH

The rôle of the thyroid in growth and maturation is widely recognized. If the adrenal cortex affects the thyroid in a general way, one would expect that it also affects growth via this route.

The published reports in this area are scanty, but they are unanimous in confirming the effect of the adrenal cortex upon growth by its effects upon the thyroid.

Butcher, in 1937, reported:

1. Adrenalectomy in young rats resulted in earlier growth of hair; lack of the cortical portion of the gland was responsible for the effect.

2. Administration of thyroxine to adrenalectomized young rats led to still earlier hair growth. To produce the same effect in unoperated animals, earlier administration of considerably larger doses of the hormone were necessary.

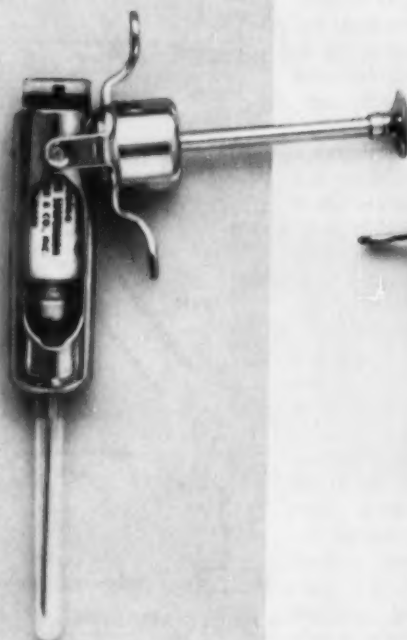
3. He concluded therefore that hair growth can be accelerated by thyroxine and by adrenalectomy and that the adrenals normally inhibit the activity of the thyroid in growth.

In 1939, he reported another study leading to the same conclusion: He found that the mammae of underfed albino rats grew more rapidly following adrenalectomy. In this procedure, he controlled for influence of ovarian activity.

In 1947, Farmer reported that thiouracil injected into baby rats led to retardation of tooth eruption and

SAFEGUARDS

against infection because of the **NEW, one piece cartridge-needle assembly...**
 against cross-infection because **the needle is disposable**



**EFFICIENT
 ECONOMICAL
 CONVENIENT
 SAFE**

"...a compact, ready-to-inject packet..."

STERAJECT®

*"...a large part of the answer to both a patient's and a hospital's needs."**

PENICILLIN G PROCAINE CRYSTALLINE IN AQUEOUS SUSPENSION
 300,000; 600,000 and 1,000,000 units

PERMAPEN® AQUEOUS SUSPENSION 600,000 units benzathine
 penicillin G

PERMAPEN FORTIFIED AQUEOUS SUSPENSION 300,000 units
 benzathine penicillin G plus 300,000 units
 penicillin G procaine

STREPTOMYCIN SULFATE SOLUTION 1 gram

DIHYDROSTREPTOMYCIN SULFATE SOLUTION 1 gram

COMBIOTIC® AQUEOUS SUSPENSION 400,000 units penicillin G
 procaine plus 0.5 gram dihydrostreptomycin sulfate

*Schraub, C. F.: Bull. Am. Soc. Hosp. Pharm. 12:144 (March-April) 1955.

Pfizer

PFIZER LABORATORIES, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

opening of eyelids. DCA restored these criteria of development to a normal value, but it did not correct failure to grow larger or affect the histological changes in the gland resulting from the thiouracil.

DISCUSSION

From all this mass of works, it is possible to sift a number of pertinent and probably reliable observations. These are:

1. If the functioning adrenal cortical tissue of an animal is entirely removed or destroyed, the animal becomes hypocalorigenic, declines rapidly in vitality, and inevitably dies in a shock-like state, unless specific supportive measures are instituted.

2. If the tissue is severely damaged but not entirely inactivated, there is a decline followed by a recovery which proceeds into a hypercalorigenic phase.

3. The thyroid gland and its secretion are implicated in these phenomena, because: (a) Thyroidectomy mitigates or entirely cancels these effects; (b) adrenalectomy in any case leads to histological changes in the thyroid; (c) animals with adrenal insufficiency have greatly reduced tolerance for thyroid extracts. Simultaneously, they no longer respond to thyroid extracts with increased calorigenesis. The effect of the thyroid hormone apparently becomes catabolic rather than metabolic.

4. The adrenal cortical secretions and the thyroid hormone have in some sense an antagonistic action at the cellular level with respect to potassium ion and oxidative enzymes. They also appear to be incompletely antagonistic as far as growth is concerned.

5. On the other hand, these substances seem to have a complementary action as far as over-all metabolic rate is concerned.

THEORETICAL CONSIDERATIONS

If Marine and Baumann's conclusions had been correct, one could easily visualize a simple inverse relationship between the thyroid and the adrenal cortex. It is said that the thyroid hormone stimulates every cell in the body except those of the hypophysis which produce TSH and those of the thyroid gland itself. If the adrenal cortex were inhibitory to the thyroid, then the relationship might be diagrammed as shown in Figure 1.

This then would fit in nicely with the known relationships with the hypophysis illustrated by Figure 2.

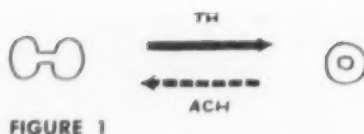


FIGURE 1

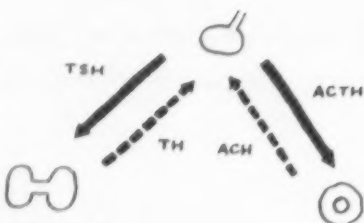


FIGURE 2

And the net picture would be as shown in Figure 3.

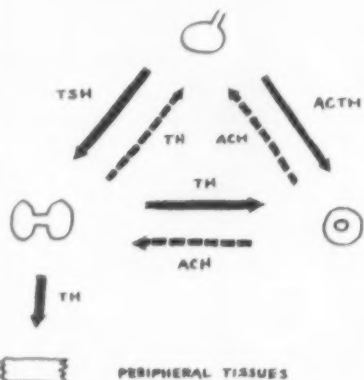


FIGURE 3

The result would be a neat three-loop feedback system which should be highly stable. The thyroid hormone would be the only one directly affecting the general body tissues.

The very simplicity of this might lead one to doubt its validity. The assumption that the adrenal cortex might have a control over another gland is stretching theory a bit and, indeed, the weight of evidence contradicts the idea.

Modifying the diagram to meet the considerations mentioned in the previous discussion, the result is shown in Figure 4 since the adrenal cortex appears to be complementary to the thyroid in some processes but antagonistic in others. An important point to be noted at this stage is that all of the interactions occur at the cellular, not the glandular, level.

Finally, there have been reported recently evidences of interaction be-

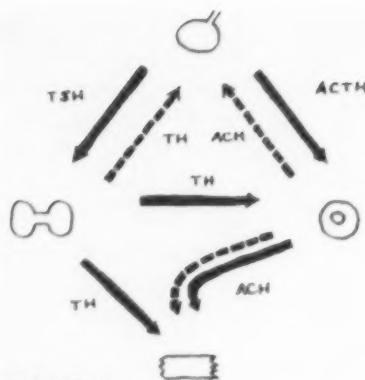


FIGURE 4

tween TSH and ACTH by Kracht and Späthe of the University of Kiel. It is also reported by Brown-Grant et al. that cortisone and ACTH act to suppress TSH secretion. If these are true, one might say there was after all an indirect effect by the adrenal cortex upon the thyroid via the hypophysis (Fig. 5).

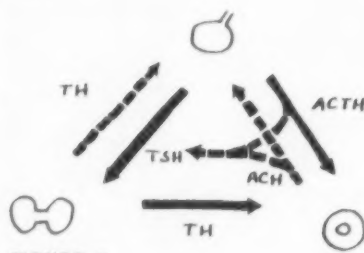


FIGURE 5

This would, in effect, supply the missing element in the three-loop system implicit in Marine and Baumann's original work, and lend an intrinsic stability to the system which would otherwise be lacking. The final net relationships would then be that shown in Figure 6.

(Continued on Page 112)

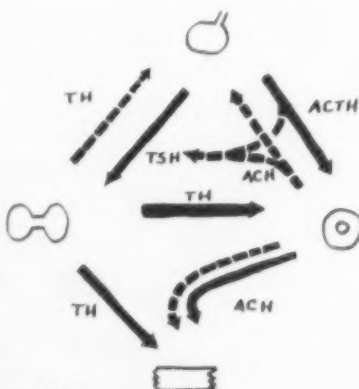
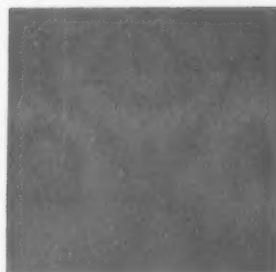
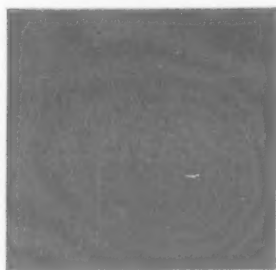
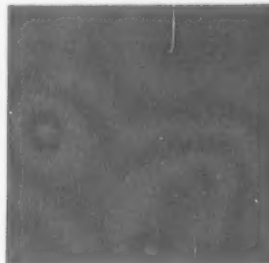


FIGURE 6



WANTED: Fracture Cases to demonstrate the superior quality of "Gypsona" Plaster of Paris Bandages.



From finger casts to spinal jackets "Gypsona" casts are significantly superior in ease of molding • cleanliness with a porcelain-like finish • strength coupled with lightness • economy in use.

Just the right amount of a unique gypsum has been uniformly and finely impregnated by a special process into a specially woven cloth with non-fraying edges. This has ensured the superior performance of "Gypsona" bandages, the choice of leading physicians in many countries of the globe.

"Gypsona" Plaster of Paris Bandages are now available in all 48 states through Surgical Supply Dealers. They are made in a wide variety of sizes to fit your every need.

The Hallmark of Quality

Gypsona 
Plaster of Paris Bandages



SMITH & NEPHEW, Inc., 137 East 25th Street, New York 10, N.Y.

*Reg. Trade Mark of T. J. Smith & Nephew, Ltd., England

(Continued From Page 110)

CONCLUSIONS

It seems clear that the interactions between the adrenal cortical and thyroid secretions occur at the cellular level, although there is some regulatory linking at the glandular level of the outputs of these compounds.

It seems likely that one or more of the adrenal cortical steroids is essential at the cellular level for the effective activity of the thyroid hormone and, that in the absence of this agent, the effect of the thyroid hormone becomes destructive.

The phase of hypercalorigenesis so frequently noted might be a result of transient regenerative and/or hypertrophic changes.

Other than these points, one can go no farther than conjecture without further experimentation. Some possible avenues for future investigations readily suggest themselves:

1. None of the papers brings into consideration the rôle of the adrenal cortex in maintaining electrolyte "balance." One or two of the investigators mention rather casually that "0.5 per cent NaCl was provided for drinking"

or something of the sort. But none of them pays any attention to this as possibly an important experimental variable. The observed shifts in potassium ion, however, hint that it might be.

2. None of the papers mentions the effects of the adrenal cortex on glucose metabolism, yet it is essential that this be properly considered in any investigation of metabolism.

3. The phase of increased calorigenesis deserves intensive investigation; nothing is really known about it. Remembering Carr and Connor's work, it would be interesting to determine whether this phase could be suppressed with thiouracil.

4. In connection with the apparently antagonistic effects of the adrenal cortex and the thyroid upon growth, there is no mention of changes in the activity of the hypophysis. It seems unlikely that its activity is unaffected.

5. Perhaps the most fruitful approach of all would be to take up where Davis and Hastings left off, to utilize the refined adrenocortical compounds available nowadays, and to study cellular metabolic changes directly induced by these compounds in the Warburg apparatus.

SUMMARY

It appears that there is doubtless some relationship or concomitant action between the thyroid hormone and one or more adrenal steroids. It also appears likely that this occurs at the cellular level primarily. More extended investigations would be necessary to determine more exactly the nature of this interaction.—C. C. PFEIFFER, M.D.

REFERENCES

1. Davis, J. E. and Hastings, A. B.: The Relationship of the Adrenal and Thyroid Glands to Excised Muscle Metabolism. *Am. J. Physiol.* **105**:110, 1933.
2. Gradinescu, A. V.: Der Einfluss der Nebennieren auf den Blutkreislauf und auf den Stoffwechsel. *Pflügers Arch.* **152**:187, 1913.
3. Hoffman, F., Hoffman, E. J., and Talesnik, J.: The Influence of Thyroxine and ACE on the O_2 Consumption of Adrenalectomized Rats. *J. Physiol.* **107**:251, 1948.
4. Marine, D. and Baumann, E. J.: Influence of Glands With Internal Secretion on the Respiratory Exchange. II. Effect of Suprarenal Insufficiency (by Removal or Freezing) in Rabbits. *Am. J. Physiol.* **37**:135, 1921.
5. Tipton, S. R., Leath, M. J., Tipton, I. H., and Nixon, W. L.: The Effects of Feeding Thyroid Substance and of Adrenalectomy on the Activities of Succinoxidase and Cytochrome Oxidase in the Liver Tissues of Rats. *Am. J. Physiol.* **145**:693, 1946.

lower your replacement costs!

...get
more
for
your
money

when you
specify

PERM-A-LATOR®
wire insulators

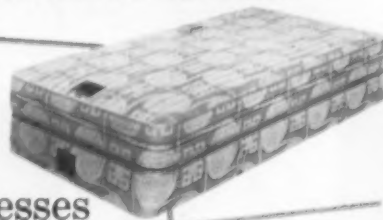
It's a proven fact! You can make real savings in replacement costs and at the same time get greater comfort and more uniform support in your mattresses and furniture. Insist on the built-in protection of Perm-A-Lator Wire Insulators. No matter what you pay, you'll get more for your money and much longer lasting products. This **EXTRA VALUE** costs no more—so ask your supplier—make sure you get wire insulators when you buy mattresses and furniture.

Write Today For Free Booklet!

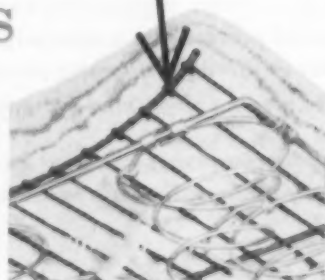
Perm-A-Lator Wire Insulators Made by
FLEX-O-LATORS, INC.
Carthage, Mo.

Plants in Carthage, Mo., New Castle, Pa.,
High Point, N. C.

in
mattresses



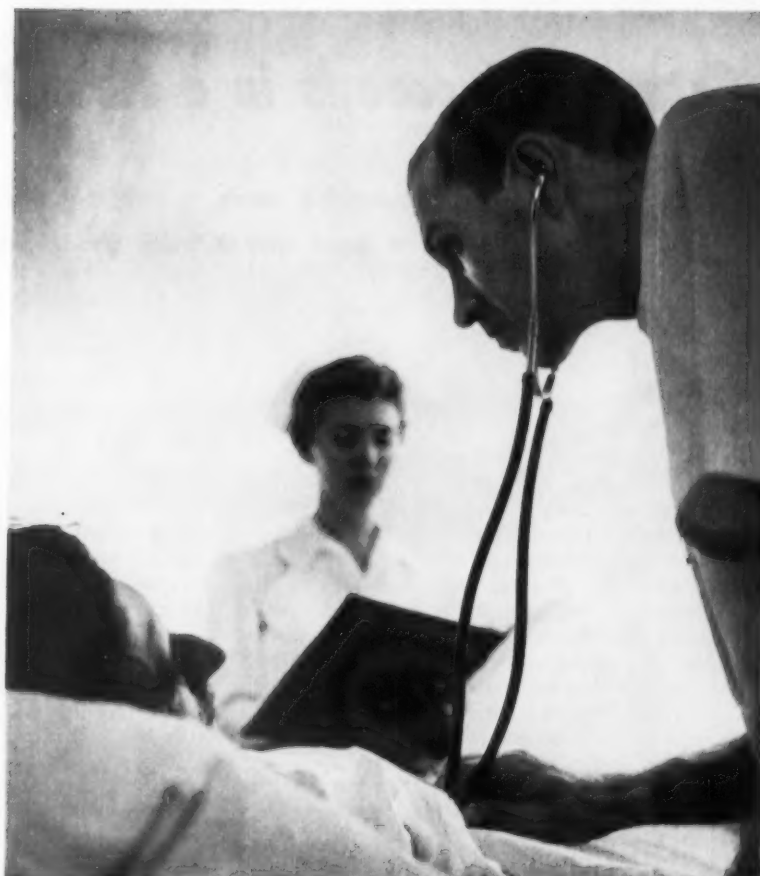
in
furniture



PROVEN TWICE STRONGER THAN ORDINARY INSULATORS

Millions of rolling cycles prove conclusively that wire insulators give permanent protection against "coil-feel" . . . add longer life to all upholstered products.





On wards and in clinics

Gantrisin® 'Roche' is rapidly becoming the sulfonamide of choice because this wide-spectrum, highly soluble single sulfonamide . . .

- shortens treatment period
- is well tolerated
- causes fewer side effects
- is economical
- is available in so many dosage forms

Order direct from 'Roche' at hospital prices.

Hotel Catering Succeeds in a Hospital

Serving appetizing meals to both patients and public is a good way to build good relations

CURTIS W. MAUNDER

AT THE Baptist Hospital, Winston-Salem, N. C., we like to refer to our patients as guests and try to keep the mercenary thought in mind that these guests are paying our salaries and that we want them to leave this hospital talking to their friends not only about their operation but about their food, how hot it was served, how well it was served, and other little things we did to make their stay

Mr. Maunder is food service director, North Carolina Baptist Hospital, Winston-Salem, N.C.

in our hospital a pleasure. The foregoing can be summed up in just one phrase: We try to forget we are a hospital and cater like a hotel.

Breathes there a woman or man who does not like hot coffee? At our hospital, after being served a delicious and enjoyable meal, each patient is visited and hot coffee is poured right at the patient's bedside. Those patients who are not permitted to have coffee are visited in the same manner by our dietary aides, and we find out just what their likes and dislikes are.

The toughest diets we have to contend with are those of patients on special diets such as low salt, salt-free, and low calorie. We visit with these patients daily and find out just what we can do to make their food more appetizing under special conditions. The hardest patient to please is the one on a salt-free diet.

Now for the part of our dietary department that we believe unique. Our cafeteria and catering services are available and licensed to sell meals to other than hospital personnel. For instance, on Palm Sunday we had approximately 900 persons other than hospital personnel eating meals in our cafeteria. We had on our menu a salad, a choice of ham, fried chicken, roast prime ribs, two vegetables and a dessert, and all the coffee they could drink.

The main reason for this experiment was to get the public inside the hospital at a time when someone in the family was not ill. According to advertisements by the various insurance companies, one out of every six persons will be a patient in a hospital during the coming year. Another aim is to acquaint the public with the good food in our hospital. After eating with us a number of times, the prospective patient will feel that he will not only have the best medical care and nursing services, but also wholesome and appetizing meals.

To elaborate a little bit on how we go about buying and procuring various food products: First, my entire training has been in the hotel field. One of my teachers was Douglas Boyle

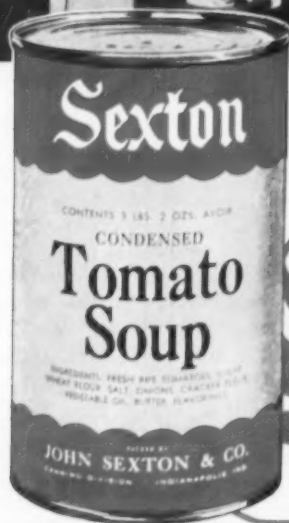
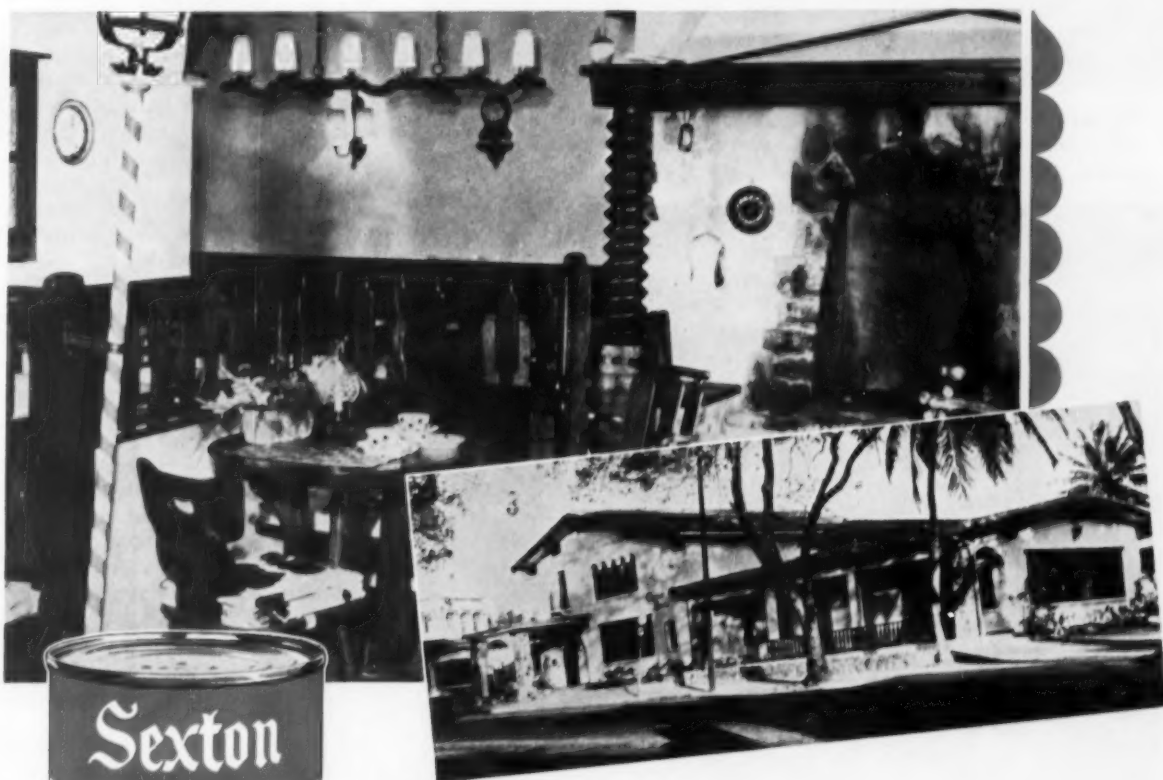


Cafeteria serving line at North Carolina Baptist Hospital, Winston-Salem, is patronized by the public as well as the hospital's staff and employees.

Memorable taste appeal

When served soup in a public eating place, guests expect more than they can buy at a store—an expectation amply fulfilled in any of the complete assortment of Sexton soups. They are different, more delicious, with a full body and full flavor reminiscent of the home kitchen in Grandmother's time. Prepared solely for your service and with your needs in mind, they are sure to satisfy.

*Chalet Swiss Restaurant
Puerto Rico*



Sexton

Quality Foods

JOHN SEXTON & CO., CHICAGO, 1956



Two views of the handsomely appointed cafeteria which seats 500 persons. On at least one occasion 900 guests other than hospital personnel were served. All such income is credited against patients' dietary costs.



who was formerly with Statler Hotels, Inc., and who now operates one of the most successful hotels in the South. The years I spent with the Statler organization directly and indirectly form the basis for our food buying. We buy nothing but choice or prime meat, and take bids from various purveyors for the best available quality and price. We weigh all meat items that enter the hospital. We know that mistakes are made because we

make them ourselves. We have picked up shortages of from 3 to 300 pounds and I hate to think of the shortages that existed prior to the installing of our scales. I would say that scales will pay for themselves in less than three months in any hospital.

We have installed or enlarged upon a perpetual inventory system that keeps me informed at all times as to the amount of stock, the price which we paid for it, and the purveyor's

name from whom we purchased it. By doing so, we can keep pilferage at a minimum, and by buying in large amounts we are able to obtain the best price available.

We try to train our employees to be courteous, kind and neat. There is no horseplay in and around the dining room. By giving proper training to employees and by having outside guests, we are able to keep our meal cost below 50 cents per meal, which includes raw food, labor and all of the accessories which are necessary to keep the dietary department running. We will cater a party outside the hospital for our doctors and others, which in the long run helps them and also helps us. No party is too big and none is too small for us to take.

We recently contracted with the Washington Redskins professional football team to operate its training table for the week it was in town. The Redskins won the game over the Greenbay Packers 33-31!

Having them here not only increased our revenue, but our townspeople were so interested in seeing the team that outside business jumped 20 per cent for the week.

All of the income from the cafeteria and outside catering services is credited against the patients' dietary costs. This is a help to our sick people. We are trying to build up good public relations throughout the state and nation. We have patients and visitors from all over the world. Our accomplishments at the North Carolina Baptist Hospital could not have been attained had it not been for our philosophy that we must strive for cooperation between all departments and the dietary department. We have assumed the attitude that we are not always right and that we will try to find out and correct, with the cooperation of the departments involved, anything that may be wrong. We hold weekly a departmental meeting for discussing food service problems. In the coming year we are going to try at these various meetings to have some outstanding speakers in our field speak to the employees. We have had our doctors explain certain special diets in order to help the dietary employees feel that they have played an important part in the recovery of patients through proper food service.

There is a great sense of accomplishment in store for every hospital dietary department that personalizes its food service.

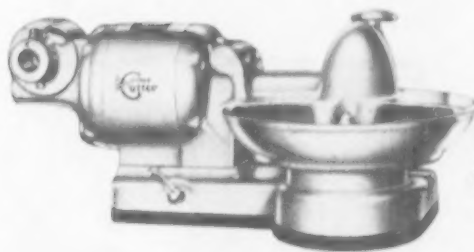
COME AND GET IT!

Lower cost per serving, that is! Higher standards—clean, clean, crevice-free surfaces; gleaming finishes all easily kept clean, the most sanitary designs on the market—plus powered motors; precision actions for long-troublefree performance.

Get Hobart and that's what you get—in any product in the great Hobart line. Any one of them listed below—all in full range of sizes and capacities. And for a bonus on products that admittedly need no bonus, you get, too, the advantages of consolidated kitchen-wide planning and purchasing, the famed Hobart guarantee, fast factory-trained local service.



Model AM-7
DISHWASHER



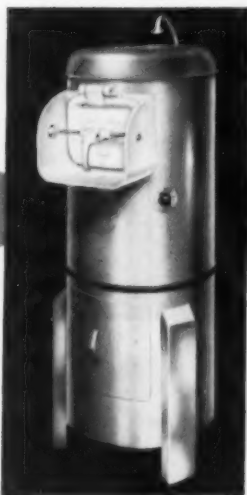
Model 84141
FOOD CUTTER

Here's the biggest dollar's worth in the business, so come and get it now. Or better yet, let your Hobart representative come to you. Just send the coupon. *The Hobart Mfg. Company, Troy, Ohio.*

Model 400
STEAKMASTER



Model 6115
PORTABLE PEELER
Also available
without pedestal



THE HOBART MFG. COMPANY, Dept. Adv., TROY, OHIO

- ☐ Please send me information on the products checked below.
- ☐ Please have my Hobart man call on me.

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> TENDERIZERS | <input type="checkbox"/> PEELERS | <input type="checkbox"/> DISH SCRAPPERS |
| <input type="checkbox"/> CHOPPERS | <input type="checkbox"/> SLICERS | <input type="checkbox"/> DISHWASHERS |
| <input type="checkbox"/> MIXERS | <input type="checkbox"/> FOOD CUTTERS | <input type="checkbox"/> GLASSWASHERS |
| <input type="checkbox"/> MEAT SAWS | <input type="checkbox"/> SCALES | <input type="checkbox"/> COFFEE MILLS |
| <input type="checkbox"/> FOOD WASTE DISPOSERS | | |

Trademark of Quality  for over 55 years

Hobart machines

The World's Largest Manufacturer of Food,
Kitchen and Dishwashing Machines

NAME _____ TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____

FOOD FOR THOUGHT

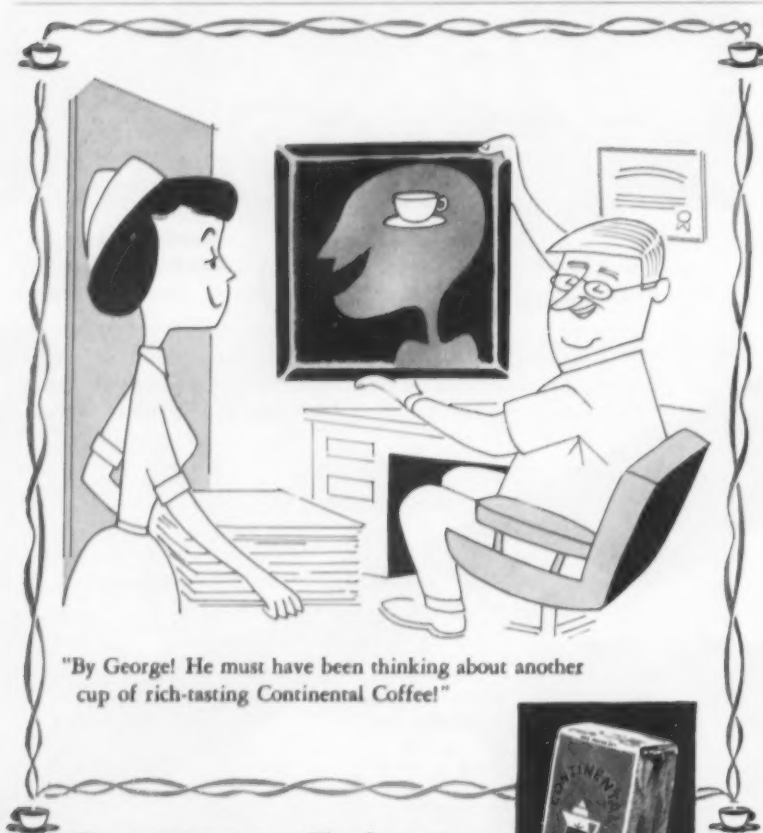
Freezer Dessert

Orange cream sponge, say food technologists in the U.S. Department of Agriculture, is an excellent means of using oranges when in heavy supply at reasonable prices.

Ingredients for 25 half-cup portions are: $\frac{1}{4}$ cup plain gelatin; $\frac{1}{2}$ cup cold water; $1\frac{1}{4}$ cup hot water; $1\frac{1}{4}$ cup sugar; $\frac{1}{8}$ teaspoon salt; $\frac{1}{2}$ cup lemon juice; $2\frac{1}{4}$ cups orange

juice; 1 tablespoon grated orange rind; $2\frac{1}{4}$ cups chilled evaporated milk.

Soak the gelatin in the cold water for five minutes. Dissolve in the hot water. Add sugar and salt and stir until dissolved. Stir in the fruit juices and rind. Chill until the mixture is slightly thickened. Beat the chilled milk until stiff. Add the gelatin gradually and continue beating until well blended. Chill before serving.



"By George! He must have been thinking about another cup of rich-tasting Continental Coffee!"

Everyone Enjoys

More Coffee Flavor

In every walk of life everyone enjoys rich, full-bodied, invigorating CONTINENTAL COFFEE. Superb blending of the world's choicest coffees and precise roasting with automatic controls assure unflinching uniformity. Write today for a FREE trial package.

Continental Coffee

AMERICA'S LEADING COFFEE for Restaurants, Hotels and Institutions
CHICAGO • BROOKLYN • TOLEDO



If you are planning to freeze the orange sponge, put half-cup servings in custard cups and add cellophane overwrap. Seal and freeze. Store at 0° F. To prepare for serving, remove cellophane and thaw in refrigerator.

Cooking Pork

All pork should be thoroughly cooked, since thorough cooking kills any trichinae that may be in raw pork. Trichinosis, which can be caused by eating raw or underdone pork, is a serious disease.

Food specialists in the U.S. Department of Agriculture answer some questions about the cooking of pork:

Q. How can I tell if fresh pork is roasted all the way through?

A. Insert meat thermometer bulb to the center of the thickest part of the meat, not letting it touch bone or fat. Cook the fresh pork until the temperature is 185° F. If a thermometer is not available, make small trial cuts next to the bone. Adequately cooked fresh pork loses its pink color and turns grayish white.

Q. Is it safe to broil pork?

A. Broiling is safe for cured, smoked cuts, such as bacon, ham and Canadian bacon. Broiling is not advised for fresh pork, with one possible exception: Thin slices of fresh pork can be safely broiled if heated long enough to cook them thoroughly.

Q. Are "ready-to-eat" sausages safe to eat without cooking?

A. They are, if marked with the round purple U.S. inspection stamp. "Ready-to-eat" sausages prepared under federal meat inspection are put through processes adequate to kill any trichinae that may be present.

Q. Is the same true for pork rolls, pork loaves, and other processed pork products?

A. Yes, if they bear the U.S. inspection stamp, they may be safely eaten without cooking.

Q. Has fresh, unsmoked sausage been processed for safe eating?

A. No, because it is customary to cook such meat well before eating it.

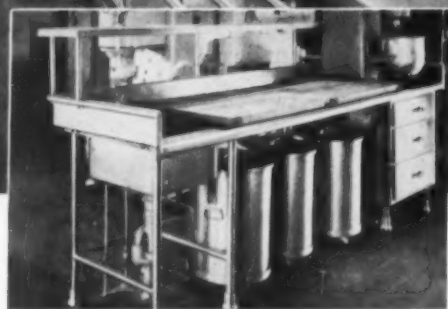
Citrus Ice Cream

A new ice cream—the familiar vanilla marbled with colorful strands or bands of smooth, sweetened, concentrated orange purée—may be on the market in the future as a result of research at the Florida Experiment Station. Scientists there, searching for new outlets for citrus crops, have long

direct food flow cuts steps, speeds service

AT UNIVERSITY OF MICHIGAN, WOMEN'S LEAGUE BUILDING

ideas from
Blickman-Built
food service
installations



PORTABLE BINS ELIMINATE WASTE MOTION—Stainless steel baker's tables with portable bins underneath. Bins are wheeled directly to supply section and filled with ingredients. Rehandling is eliminated — waste motion reduced to a minimum. When bins are removed, area beneath table can be cleaned easily.



MOVABLE CARTS SAVE LABOR—Working side of stainless steel cafeteria counter. Movable carts beneath counter can be loaded with food, avoiding unnecessary handling of separate dishes.

SPEEDY CAFETERIA SERVICE is aided by proximity of serving counter to cooking section in kitchen. Heated and cold pass-through cabinets back of the counter, placement of salad preparation unit in a direct line with salad display case, automatic Lowerator dispenser units for plates, cups and saucers — are among the many facilities to help speed service. Equipment is of all stainless steel construction.

● Reflecting careful planning, compact arrangement of equipment in this installation cuts down steps in the processing of foods. In the kitchen, food flows smoothly in direct lines from receiving to storage and refrigerators, and thence to the preparation areas and cooking section. From these locations, the distances to the storage spaces in the cafeteria line are short and direct. Speedy, step-saving service is further aided by portable bins, under-counter carts and pass-through facilities. These features eliminate waste motion and increase operating efficiency. Stainless steel equipment with rounded corners, rolled edges and crevice-free surfaces make cleaning easy, aid sanitation. When you plan your mass-feeding installation, you, too, can obtain substantial savings in labor and maintenance costs by specifying "Blickman-Built."

This illustrated folder gives more information about Blickman-Built food service installations. Send for your free copy today.



Blickman-Built
MASS FEEDING EQUIPMENT

For Service Life Measured In Decades

S. BLICKMAN, INC., 1510 GREGORY AVENUE, WEENAWKEN, N. J.

You are welcome to our exhibit at the American Dietetic Association Convention, Milwaukee Auditorium-Arena, Booth No. 418, Oct. 9-12

been concerned with the problem of using these fruits in ice cream. Because of their high acid content, citrus fruits have never combined successfully in the usual way with ice cream mixes, as so many other fruits have. But consumers have shown that they like the flavor combination as witnessed by the popularity of bricks or frozen cups combining layers of orange sherbet with vanilla ice cream.

The new type of ice cream, often described as the "built-in sundae," is made by injecting a fruit purée mixture into a semifrozen stream of va-

nilla ice cream. In such a process the milk proteins of the ice cream mix are protected against curdling by too close contact with the acid of the citrus fruit.

The purée mixture developed by the Florida station includes frozen concentrated orange juice, sugar, water and a small amount of pectin to stabilize the mixture. The orange concentrate is added after the other ingredients have been heated together to prevent changes in the delicate citrus flavor. The station also has tested purées for ice cream using froz-

en lemon, lime and tangerine concentrates. These call for a larger proportion of pectin than the orange purée. All proved satisfactory in the injection-type of ice cream.

Safekeeping for Poultry

When you buy any poultry, remember that you have one of the more perishable foods. Store fresh-killed, freshly drawn, or cooked poultry in the refrigerator, loosely covered, preferably at 35° to 38° F. (Remove cellophane or film wrap from unfrozen poultry before placing in the refrigerator.) Use within two or three days.

If you want to hold raw or cooked poultry longer than three days, freeze it, after wrapping properly to prevent drying out.

When you buy frozen, ready-to-cook poultry, store it in a freezer or in the freezer compartment of the refrigerator while it is still frozen hard. Properly packaged, quick-frozen poultry will hold its quality for several months at a temperature of 0° F. or lower.

Hard Cooked Eggs

For a hot dish, many people like hard cooked eggs, cut in half and served in white sauce, cheese sauce, Spanish sauce or tomato sauce. When cold, hard cooked eggs are favorites for salad or to serve stuffed.

One question often asked is: What causes the dark ring that appears between the yolk and white of a hard cooked egg? When an egg is cooked too long or at too high a temperature, the iron in the yolk combines with the sulfur in the white to form ferrous sulfide which shows up as a dark layer where the white and yolk are in contact. Although this dark ring is unattractive, it does not affect the food value or flavor of the egg.

To prevent it, cookery specialists advise cooking eggs at simmering temperature—never boiling—and not cooking them too long. Cover eggs completely with cold water in the pan. Bring the water to simmering temperature and simmer 25 to 30 minutes. Then serve hot or cold as desired. Running cold water over the egg for just a moment will halt the cooking and thus prevent overcooking, yet still leave enough heat in the egg to serve it hot. If eggs are to be served cold, lift them out of the hot water into cold water to chill them promptly. The white of the egg is tenderer if the egg is simmered rather than boiled.

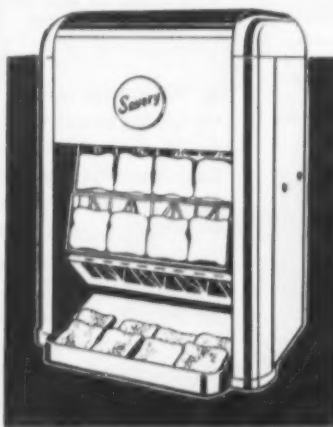
FAST FOOD SERVICE REQUIRES fast toast production



Fast food service is essential to serve on-time breakfast trays—with plenty of crisp delicious hot toast—and a stainless steel Savory gas or electric toaster is essential to fast food service because a single unit easily produces up to 12 slices per minute at lowest operating cost.

A Savory Toaster automatically unloads fresh hot toast, ready for serving, by means of its continuous conveyor system—and a toasting basket is *always* ready for loading. This reduces work-load and eliminates delay at the toasting station—and the perfect degree of crispness, color and texture of every slice is guarded by automatic time and temperature controls.

Ask your dealer or write for details to:



- Models producing 6 to 12 slices per minute
- Requires less than 2 square feet of space.
- Gas models cost as little as ¼¢ an hour to operate; electric models require low connected loads.
- Easy to install, operate, keep clean and spotless.

Savory EQUIPMENT, INCORPORATED
120 PACIFIC ST., NEWARK, N. J.

Kraft All Purpose Oil is steam-filtered

to assure perfect results... no flavor transfer!



Steam-filtering is a process that sweeps foreign material from Kraft Oil with super-heated steam under vacuum . . . reducing to an absolute minimum impurities that cause flavor transfer and rapid breakdown. This careful processing helps assure you of a truly all purpose oil—a pure, bland, 100% cottonseed oil—that gives perfect results whether you're baking, frying, or making salad dressings.

No wonder Kraft Oil is the fastest climbing oil in national popularity.

Steam-filtering
helps make Kraft Oil the
perfect oil for:



FRYING

Its high smoke point means longer frying life. And easy-pouring Kraft Oil develops perfect crusts on pan-fried or deep-fried foods . . . *without flavor transfer!*



SALADS

Kraft Oil has maximum stability—stays bland and delicate in flavor. It blends easily and instantly into other dressing ingredients to give deliciously smooth results!



BAKING

Smooth, fast-blending Kraft Oil is simple to measure . . . *accurately.* It gives perfect baking results every time in any recipe that calls for liquid shortening.

**The Nation's Taste is Your
Best Buying Guide**



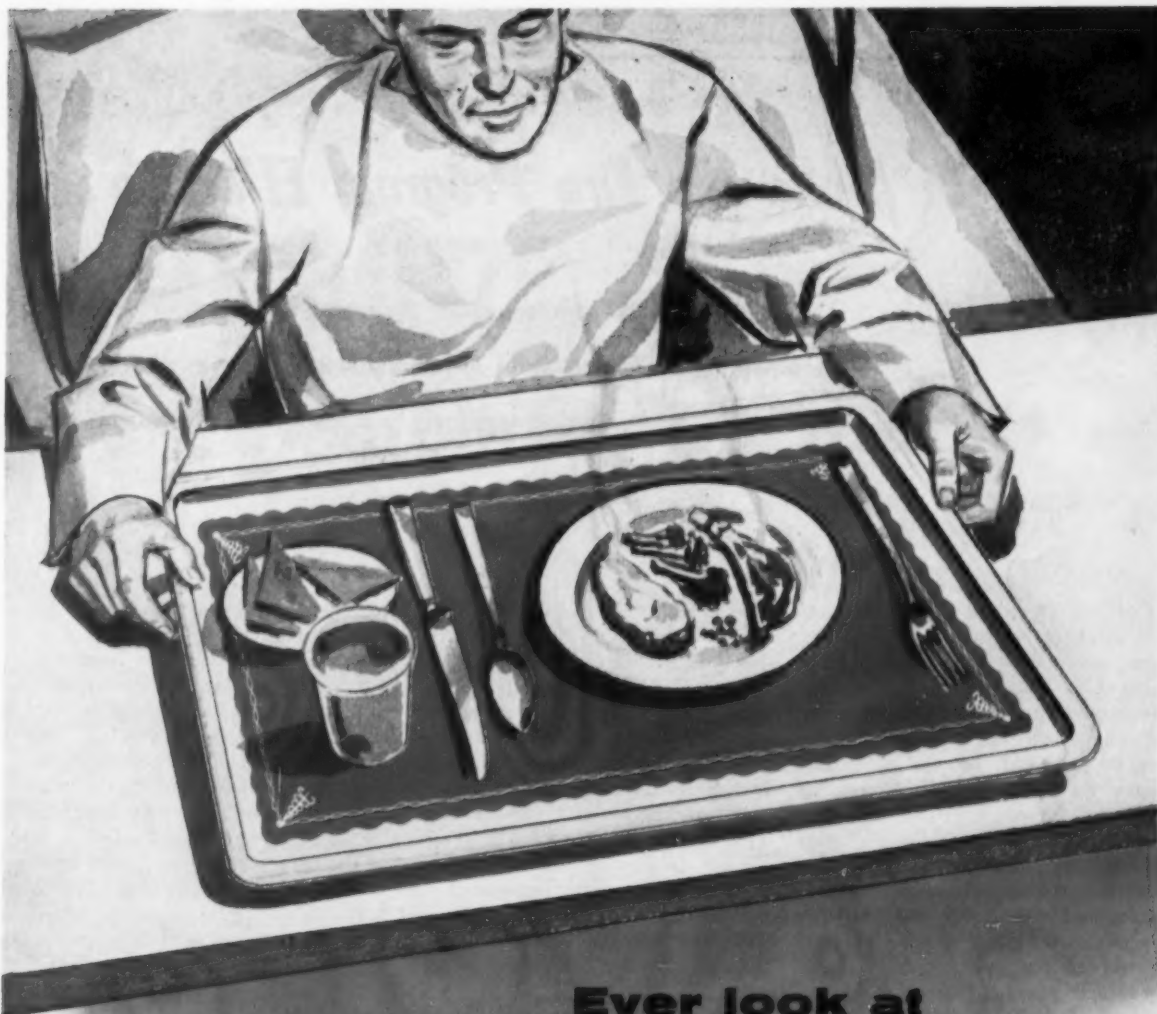
Menus for November 1956

Jacqueline Ann Dilger

Dietitian
DeGraff Memorial Hospital
North Tonawanda, N.Y.

<p>1</p> <p>Orange Juice Bacon, English Muffin</p> <p>•</p> <p>Apple Juice Virginia Baked Ham Candied Sweet Potatoes Buttered Green Peas Wilted Lettuce Salad Lemon Sherbet</p> <p>•</p> <p>Cream of Mushroom Soup American Chop Suey, Buttered Rice Imperial Peach Cottage Cheese Salad Chocolate Brownies</p>	<p>2</p> <p>Grape Juice Poached Egg, Toast</p> <p>•</p> <p>Apricot Nectar Baked Halibut à la Creole Oven Browned Potato Spinach, Chopped Egg Coleslaw Butterscotch Pudding</p> <p>•</p> <p>Clam Chowder Welsh Rabbit Asparagus Spears on Toast Points Tropical Fruit Salad, Fruit Cream Dressing Spice Cupcake</p>	<p>3</p> <p>Prune Juice French Toast, Sirup</p> <p>•</p> <p>Blended Juice Braised Ribs of Beef Fresh Vegetables Parsley Cubed Potatoes Buttered Broccoli Pear Delight Salad Baked Bananas and Cranberries</p> <p>•</p> <p>Split Pea Soup Spanish Rice, Link Sausages Tossed Salad Date Torte</p>	<p>4</p> <p>Sliced Bananas Soft Cooked Egg</p> <p>•</p> <p>Shrimp Cocktail Roast Turkey, Dressing Cranberry Sauce Mashed Potatoes French Style Green Beans Pineapple Sundae</p> <p>•</p> <p>Chicken Noodle Soup Corn Beef Hash With Chili Sauce Cherry Cobbler With Whipped Cream</p>	<p>5</p> <p>Tomato Juice Scrambled Egg, Toast</p> <p>•</p> <p>Cherry Juice Salisbury Steak With Cream Mushroom Gravy Hashed Brown Potatoes Stewed Tomato Asparagus-Pimiento Salad Baked Pear in Orange Sauce</p> <p>•</p> <p>Beef Vegetable Soup Cheese Ravioli With Spaghetti Sauce Chef's Salad Gingerbread Squares</p>	<p>6</p> <p>Orange Juice Canadian Bacon, Toast</p> <p>•</p> <p>Grapefruit Juice Braised Liver, Bacon Baked Potato Celery au Gratin Marinated Green Bean Salad Tapioca Pudding</p> <p>•</p> <p>Scotch Broth Hot Turkey on Biscuit, Gravy Sliced Tomato Salad, French Dressing Pineapple Upside-Down Cake</p>
<p>7</p> <p>Stewed Prunes English Muffin, Bacon</p> <p>•</p> <p>Pineapple Juice Roast Leg of Lamb, Pineapple Mint Jelly Julienne Potato Buttered Diced Beets Pear-Cream Cheese Salad Chocolate Chip Bread Pudding</p> <p>•</p> <p>Beef Consommé Stuffed Green Peppers Deviled Egg-Watercress Salad Lemon Tart With Meringue</p>	<p>8</p> <p>Tomato Juice Doughnut, Sausage</p> <p>•</p> <p>Pear Nectar Breaded Veal Cutlet With Sauce Lyonnaise Potato Buttered Carrot Wafers Tossed Salad Nectarines in Sirup</p> <p>•</p> <p>Cream of Asparagus Soup Hot Waffles With Butter and Maple Sirup Cherry Perfection Salad Chocolate Ice Box Cake</p>	<p>9</p> <p>Grape Juice Poached Egg, Roll</p> <p>•</p> <p>Vegetable Juice Cocktail Mock Lobster Newburg on Toast Points Parsley Cubed Potato Buttered Peas Pickled Beet Salad Cinnamon Baked Apple</p> <p>•</p> <p>Tomato Bouillon Macaroni-Cheese Squares With Red Sauce Molded Banana-Apricot Salad Angel Food Cupcake</p>	<p>10</p> <p>Orange Sections Scrambled Eggs, Toast</p> <p>•</p> <p>Tangerine Juice Vegetable-Beef Pot Pie Mashed Potatoes Buttered Brussels Sprouts Sliced Orange-Prune Salad Butterscotch Squares</p> <p>•</p> <p>Cream of Celery Soup Broiled Lamb Patty, Minted Pear Sauce Fruit Cocktail Cottage Cheese Salad Banana Cake</p>	<p>11</p> <p>Prune Juice Bacon, Roll</p> <p>•</p> <p>Grape Juice Ham Steak, Hawaiian Sweet Potato Puffs Buttered Asparagus Philadelphia Cardinal Salad Ice Cream Sandwich</p> <p>•</p> <p>Beef Consommé Sautéed Chicken Livers on Toast Points Fruit Cocktail Cottage Cheese Salad Macaroons</p>	<p>12</p> <p>Grapefruit Sections Canadian Bacon, Toast</p> <p>•</p> <p>Pear Nectar Country Style Swiss Steak Oven Browned Potato Buttered Lima Beans Molded Grapefruit- Almond Salad Glorified Rice</p> <p>•</p> <p>Cream of Carrot Soup Baked Mushroom Casserole Chef's Salad Blueberry Muffins Peach Cobbler With Whipped Cream</p>
<p>13</p> <p>Orange Juice Scrambled Eggs, Roll</p> <p>•</p> <p>Tomato Juice Roast Leg of Veal With Celery Dressing Baked Stuffed Potato Garden Vegetables Combination Salad Orange Ambrosia</p> <p>•</p> <p>English Beef Broth Ham-Asparagus Roll, Cheese Sauce Orange Waldorf Salad Banana Bread Gelatin Parfait</p>	<p>14</p> <p>Stewed Prunes Soft Cooked Egg, Toast</p> <p>•</p> <p>Cranberry Juice Chicken Fricassee Hot Biscuit Parsley Cubed Potato Mexican Corn Black Cherry Salad Minted Fruit Cup</p> <p>•</p> <p>Mock Turtle Soup Roast Beef Hash, Poached Egg Lettuce Wedge With 1000 Island Dressing Chocolate Cake, Icing</p>	<p>15</p> <p>Pineapple Juice Wheat Cakes, Sirup</p> <p>•</p> <p>Apricot Nectar Meat Loaf, Spanish Sauce Mashed Potatoes Baked Acorn Squash Cottage Cheese- Gelatin Salad Pudding, Whipped Cream</p> <p>•</p> <p>Chicken Rice Soup Turkey Noodle Casserole Citrus Fruit Salad, Lima Cream Dressing Pineapple Cobbler</p>	<p>16</p> <p>Apricot Nectar Shirred Eggs</p> <p>•</p> <p>Clam Juice Broiled Salmon Steak With Lemon Wedge Potatoes au Gratin Buttered Brussels Sprouts Tomato Apple Salad Pecan Pudding</p> <p>•</p> <p>Vegetarian Soup Creamed Tuna Fish and Peas in Patty Shell Molded Peach Salad Coconut-Apricot Strips</p>	<p>17</p> <p>Kadota Figs Soft Cooked Egg</p> <p>•</p> <p>Apple Juice Beef Stew With Dumpling Buttered Broccoli Fruited Lime Salad Floating Island Pudding</p> <p>•</p> <p>Cream of Potato Soup Broiled Canadian Bacon, Mustard Sauce Tossed Salad Corn Muffins Lime Sherbet</p>	<p>18</p> <p>Grapefruit Sections Poached Egg on Toast</p> <p>•</p> <p>Seafood Cocktail Prime Ribs of Beef Mashed Potatoes Buttered Sweet Peas Waldorf Salad Strawberry Sundae</p> <p>•</p> <p>French Onion Soup Creole Lima Beans With Broiled Bacon Farmer's Garden Salad Peanut Butter Muffins Rainbow Gelatin Cubes With Whipped Cream</p>
<p>19</p> <p>Stewed Apricots French Toast, Sirup</p> <p>•</p> <p>Loganberry Juice Veal Birds, Brown Gravy Baked Potato Cream Style Corn Nectarine Salad Raisin Rice Pudding</p> <p>•</p> <p>Washington Chowder Shepherd's Pie With Whipped Potato Topping Stuffed Celery Salad Lemon Gold Cupcake With Orange Icing</p>	<p>20</p> <p>Orange Juice Scrambled Eggs</p> <p>•</p> <p>Blended Juice Chicken à la King In Toast Cups Parsley Buttered Potato Cut Green Beans Whole Pickled Beet Salad Orange Cream Pudding</p> <p>•</p> <p>Split Pea Soup Frankfurter Shortcake à la Tomato Sauce Asparagus Tips Chef's Salad Cherry Tart, Wh. Cream</p>	<p>21</p> <p>Grapefruit Sections Canadian Bacon, Roll</p> <p>•</p> <p>Pear Nectar Broiled Cube Steak With Mushrooms Hashed Brown Potatoes Harvard Beets Carrot-Pineapple Salad Pineapple Bavarian Cream</p> <p>•</p> <p>Turkey Rice Soup Creamed Ham and Peas In Toast Cups Tomato Wedge Salad, Russian Dressing Golden Glow Cupcake</p>	<p>22</p> <p>Tangerine Juice French Toast, Bacon</p> <p>•</p> <p>Tomato Juice Cocktail Roast Turkey, Dressing Cranberry Sauce Candied Sweet Potatoes Buttered Sweet Peas Raspberry Sherbet Pumpkin Pie, Wh. Cream</p> <p>•</p> <p>Chicken Noodle Soup Beef Patty, Bacon Rings Hot Potato Salad Chocolate Crunch Cookies</p>	<p>23</p> <p>Grapefruit Sections Soft Cooked Egg</p> <p>•</p> <p>Grapefruit Juice Baked Blue Pile With Tartare Sauce Escalloped Potatoes Stewed Tomatoes Cabbage Salad Fresh Applesauce</p> <p>•</p> <p>Manhattan Clam Chowder Baked Salmon Patty With Cheese Sauce Shredded Lettuce, Roupefort Dressing Gingerbread, Wh. Cream</p>	<p>24</p> <p>Stewed Apricots Bacon, Toast</p> <p>•</p> <p>Apricot-Orange Cocktail Broiled Ham Slice, Spiced Crabapple Oven Browned Potato Shoestring Carrots Ginger Ale Salad Coconut Cream Pudding</p> <p>•</p> <p>Cream of Vegetable Soup Spaghetti With Meat Balls, Cheese Caesar Salad Sponge Cake, Blackberry Sauce</p>
<p>25</p> <p>Orange Sections Scrambled Eggs, Roll</p> <p>•</p> <p>Broiled Half Grapefruit Half Broiler, Giblet Gravy Baked Potatoes Buttered Mixed Vegetables Molded Green Gages Plum Salad Bitter Sweet Chocolate Sundae</p> <p>•</p> <p>Bean Soup Chicken Club Sandwich Sliced Tomato, Pickle Prune-Apricot Upside- Down Cake</p>	<p>26</p> <p>Blended Juice Bacon, Sweet Roll</p> <p>•</p> <p>Tomato Juice Veal Steak à la Luxe Potato au Gratin Brussels Sprouts Golden Glow Salad Blanc Manger, Cherry Sauce</p> <p>•</p> <p>Beef Barley Soup Creamed Asparagus and Hard Cooked Eggs on Biscuit Molded Vegetable Salad Applesauce Cake</p>	<p>27</p> <p>Kadota Figs Soft Cooked Egg</p> <p>•</p> <p>Peach Nectar Roast Leg of Lamb Baked Potato Celery au Gratin Kidney Bean Salad Strawberry-Rhubarb Compote</p> <p>•</p> <p>Scotch Broth Meated Pinwheels, Celery Sauce Spiced Carrots Tossed Salad Marshmallow Loaf</p>	<p>28</p> <p>Prune Juice Poached Egg on Toast</p> <p>•</p> <p>Cranberry Ade Flank Steak Stuffed With Glazed Potatoes Parsley Cubed Potato Brussels Sprouts Shredded Lettuce, Olives-Onion Dressing Caramel Custard</p> <p>•</p> <p>Egg Drop Soup Chow Mein, Toasted Noodles Pineapple-Cottage Cheese Salad Chocolate Cake</p>	<p>29</p> <p>Tomato Juice Soft Cooked Egg, Bacon</p> <p>•</p> <p>Pineapple Juice Fresh Roast Ham Hashed Sweet Potatoes Buttered Green Peas Peach Surprise Salad Lemon Delicous</p> <p>•</p> <p>Cream of Chicken Soup Swedish Meat Balls and Gravy Mexican Corn Shredded Carrot- Raisin Salad Raspberry Sherbet</p>	<p>30</p> <p>Stewed Prunes Scrambled Egg, Toast</p> <p>•</p> <p>Blended Juice Baked Stuffed White Fish, Tartare Sauce Oven Browned Potato Spinach, Lemon Wedge Janus Slice Apricot Whip With Custard Sauce</p> <p>•</p> <p>Cream of Celery Soup Spanish Omelet Chef's Salad Coconut Custard Tart</p>

Ready-to-eat or cooked cereals are offered on all breakfast menus.



Ever look at tray service from this angle?

Patients do! Propped in bed, this is what they see from start to finish of a meal. Little wonder Roylprints Paper Tray Mats have been acclaimed in so many of the nation's leading hospitals.

Recuperating patients find Roylprints add a cheerful note that stimulates appetites and boosts morale. Too, they greatly appreciate the added assurance of cleanliness and sanitation that a fresh, crisp, individual Roylprint

Tray Mat provides.

You'll be glad to know that inexpensive Roylprints involve no extra labor...need no washing. After the meal, they're simply discarded. And you can get Roylprints in a wide choice of gay colors and charming designs, or if you prefer, specially imprinted with your own name, design and color. Write us for the full story and low cost or send the handy coupon.


ROYLPRINTS
PAPER PLACE MATS

Royal Lace Paper Works, Inc., B'klyn 1, N. Y. (A subsidiary of Eastern Corp.)

Royal Lace Paper Works, Inc., Dept. MH10
99 Gold Street, Brooklyn 1, N. Y.

We're interested in hearing more details and seeing samples of Roylprints Paper Tray Mats for hospital use.

Name

Name of Hospital

Address

City Zone State

MAINTENANCE AND OPERATION

How to Make the Fire Program Effective

There are five separate phases to be considered:

- (1) equipment, (2) personnel, (3) leadership, (4) instruction, and (5) a detailed emergency and inspection program

ROBERT W. WALKER

IN ORDER to make a hospital's fire-fighting program effective, the complete understanding and cooperation of the hospital management must be assured. Management must recognize the importance and the permanence of the program, because equipment must be purchased, time must be allocated for training, and many situations will develop that will require the authority of the administration. By stressing the importance of the program and showing interest, management can do much to make hospital personnel fire safety conscious and willing to work hard for hospital security.

In setting up such a program, five things must be considered: equipment, personnel, leadership, instruction and a well thought out and detailed emergency and inspection program.

EQUIPMENT

It may be assumed that a new hospital is built of fire-resistant materials, such as brick or concrete with concrete and steel elevations and tile or plaster walls and ceilings. Fire doors are probably provided to enclose elevator and stairwell openings. A sprinkler system and fire alarm system may or may not be provided with the original construction.

In a building such as this, besides the sprinkler system and alarm system which are highly desirable, if not essential, probably the only other interior equipment needed are three

types of hand fire extinguishers. These are foam, soda acid, and CO₂. A survey should be made by a competent safety engineer in conjunction with the hospital management to determine the number and types of extinguishers required in the building or buildings. In making this determination the engineer considers that there are three basic types of fires:

Class A—Fires in ordinary combustible materials where the quenching and cooling effects of quantities of water, or solutions containing large amounts of water, are of first importance.

Class B—Fires in flammable liquids, greases and so forth where a blanketing effect is essential.

Class C—Fires in electrical equipment, where the use of a nonconducting extinguishing agent is of first importance.

The foam extinguisher is most effective with a Class B fire and can also be used on a Class A fire. Soda acid is most effective on a Class A fire, while the CO₂ is most effective with a Class C fire. When the right proportions of these three extinguishers are provided, every type of fire that might occur in a small hospital can be covered. These extinguishers should be wall mounted about 4 or 5 feet from the floor.

Hydrants have no doubt been provided in the original construction. The water for these hydrants should be furnished from a line separate from the regular water main and the two should be tied together in a circuit. If adequate pressure and volume are not available from the local water

source, it may be necessary to consider the construction of a water tower on the property in order to assure an adequate supply in case of fire emergency.

A sprinkler system is highly desirable. Statistics show that 96 per cent of fires are controlled by sprinklers in buildings that have them. Of the other 4 per cent most failures are caused by the main valve's being turned off.

The other item of equipment mentioned is the alarm system. This is required in order to set up a fire emergency system and will be discussed later.

PERSONNEL

In industrial plants and some large hospitals, brigades are formed with persons especially trained in fire-fighting techniques and first aid. In the U. S. Public Health Hospital at Lexington, Ky., six hospital patients are assigned as full-time firemen under a fire marshal employed by the hospital. This operation is for a plant comprising over 1000 acres and 1000 patients. The fire brigade also has two trucks.

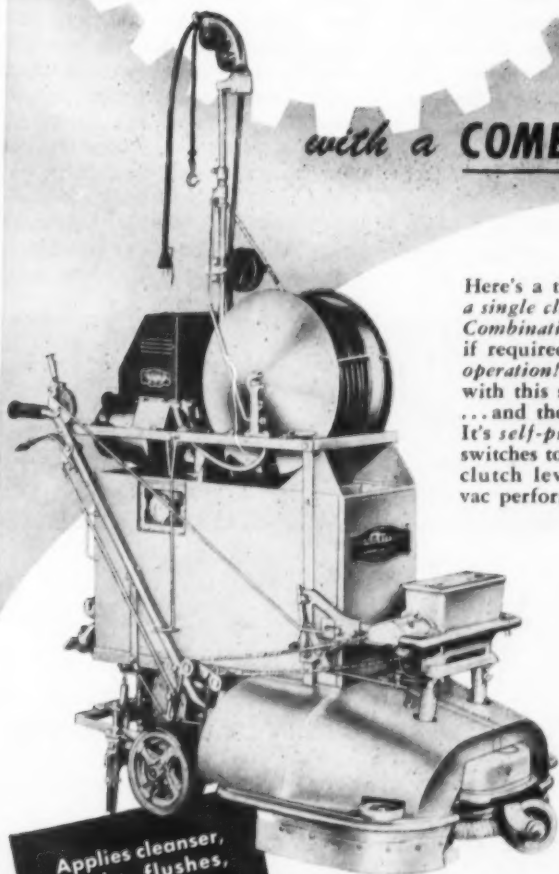
In the small hospital such a setup is neither practical nor necessary. Every employee from chief medical or administrative officer to diet maid becomes a member of the fire brigade in case of emergency. With the proper training and supervision they can all become inspectors for potential fire hazards in their daily work.

As has been stated each employee should have a duty in case a fire alarm is turned in. Some must cover all fire extinguishers, some close doors and windows, and some stand by to evacuate

Mr. Walker is business manager, State Tuberculosis Hospital, District Three, Paris, Ky.

MECHANIZE all Scrubbing Operations into 1

with a **COMBINATION SCRUBBER-VAC!**



Applies cleanser,
scrubs, flushes,
and picks up—in
ONE operation!

(Powder Dispenser
and Level Cable Wind
are accessories)

Here's a timely answer to the need for reducing labor costs — a single cleaning unit that completely mechanizes scrubbing. A Combination Scrubber-Vac applies the cleanser, scrubs, flushes if required, and picks up (damp-dries the floor) — all in one operation! Maintenance men like the convenience of working with this single unit... the thoroughness with which it cleans... and the features that make the machine simple to operate. It's self-propelled, and has a positive clutch. There are no switches to set for fast or slow — slight pressure of the hand on clutch lever adjusts speed to desired rate. The powerful vac performs quietly.

Finnell's 213P Scrubber-Vac at left, for heavy duty scrubbing of large-area floors, has a 26-inch brush spread. Cleans up to 8,750 sq. ft. per hour (and more in some cases), depending upon condition of the floors, congestion, et cetera. (The machine can be leased or purchased.) Finnell makes a full range of sizes, and self-powered as well as electric models. From this complete line, you can choose the size and model that's exactly right for your job (no need to over-buy or under-buy). It's also good to know that a Finnell Floor Specialist and Engineer is nearby to help train your maintenance operators in the proper use of the machine and to make periodic check-ups.

For demonstration, consultation, or literature, phone or write nearest Finnell Branch or Finnell System, Inc., 1410 East St., Elkhart, Ind. Branch Offices in all principal cities of the United States and Canada.

FINNELL SYSTEM, INC.

Originators of Power Scrubbing and Polishing Machines



BRANCHES
IN ALL
PRINCIPAL
CITIES

patients and records. Certain employees should be assigned to assist the fire marshal in combating the fire, others must cover the switchboard and public address system, and act as runners. Since hospitals are a 24 hour a day operation, this coverage must include all three shifts. In addition, because of high personnel turnover and because each new employee must be instructed in his duties in case of fire, a routine must be established whereby all new employees are given automatic instruction in the operation of the various types of fire-fighting equipment and general fire emergency procedure.

LEADERSHIP

A fire emergency and inspection program will only be as good as the person in charge of it. First, he must be completely convinced of the importance and seriousness of his job and, at the same time, realize that he can always learn more of his work and that he is a part of the over-all hospital operation. A cardinal principle to remember is that he should be accountable directly to the administrative head of the hospital and not stuck off somewhere in the table of organization where he cannot have direct contact with the management.

In all probability, everything else being equal, the chief maintenance engineer should be designated as fire marshal. He is most familiar with the physical layout of the plant and grounds and would also be the best qualified to check the mechanical operation of the fire-fighting equipment. Last, in his constant covering of the plant and grounds he would know best where to check for potential fire hazards.

The various other members of the engineering and maintenance department (including boiler men) should be designated as assistant fire marshals to provide coverage and leadership 24 hours a day, seven days a week.

INSTRUCTION

To set up the type of program contemplated here, some person or persons must serve as instructor. It is well, if he has the time, for the administrator to take the initiative in providing the instruction for the program.

Three avenues should be pursued by the instructor in his search for information. These are research, consultation with local and state fire prevention officials, and attendance at fire schools and institutes.

The National Safety Council, the American Hospital Association, the National Fire Protection Association, and the hospital publications all have issued basic programs which can be adapted to a particular hospital's need. These should all be studied and considered, with good points and procedures pulled from all of them. Letters then should be written to other hospitals of comparable size and type, requesting information on their particular program for possible incorporation in the proposed program.

After the course to be followed has been generally determined, the state fire marshal and fire chief of the local community should be invited to the hospital. Management should take them on a tour of the entire plant and then show them a copy of the proposed fire emergency and inspection procedures for criticism and suggestions. From this session will probably come many valuable ideas which should be incorporated in the hospital's procedures.

The last avenue mentioned was the attendance at fire schools or institutes. The University of Kentucky in conjunction with the state fire marshal's office and the Lexington fire department conducts such a school for three



What price

**NEEDLESS
STEPS?**

Needless steps may be costly to you.
Eliminate the unnecessary steps
your nurses take each day with an

Automatic Nurse Call System



days each year on the university campus. Although the school is primarily for full-time firemen, the course is so arranged that institutional fire emergency personnel may derive much practical knowledge.

When the draft of the program is ready, it should be presented to the state fire marshal for his study and approval. If he has no further changes to suggest, the program is then ready to be presented to hospital personnel for implementation.

At this point it would be well to answer a question which has probably arisen: Why have the administrator conduct this study, do the research, and attend the school, instead of the person who will be the fire marshal? There are two reasons I feel the administrator should obtain the information and knowledge first and act as instructor. I pointed out at the beginning of this paper that management's cooperation and understanding are essential in this program. This understanding can best be obtained if the foregoing procedure is followed. The other reason is that, in setting up a program as comprehensive and important as this, the administrator would be better qualified to survey and evaluate the need from the standpoint of the hospital as a whole,

weighing the need against available resources and personnel, than would any individual department head. By discussing the development of the program with the chief engineer as it progresses, he can be kept fully informed concerning its development. In succeeding years he and his assistants can attend the fire school and other institutes.

THE PROGRAM

The program in effect at District Three, State Tuberculosis Hospital, Paris, Ky., basically, was planned in the manner outlined. Our 100 bed hospital plant consists of the four-story main hospital building and four auxiliary buildings, all of brick fire-resistant construction. The hospital was opened in 1950 and the program was put into effect in 1951. Various changes and modifications have been made as they were indicated. Original construction did not provide a sprinkler system or an alarm system. Stairwells and elevator shafts are enclosed with metal fire doors.

Two types of equipment had to be purchased before the program could be started, i.e. fire extinguishers and a public address system that blankets the entire hospital. Forty fire extinguishers

were purchased: 19 soda acid, eight foam, and 13 CO₂. Later one additional extinguisher of each type was purchased.

The P.A. system has two microphone pickups, one in the second floor business offices and the other near the nurses' station on the third floor; 11 speakers cover all administrative and patient areas in the hospital.

FIRE EXTINGUISHERS NUMBERED

Let me give some more information about the extinguishers. Each one is numbered and the fire marshal, his assistants, the business manager, and the chief housekeeper carry at all times while on duty a list giving the number of each extinguisher, its type, location and who is responsible for it during a fire drill.

Besides the number, a simple chart is affixed to each extinguisher which indicates its type, the kind of fire on which it is most effective (Class A, B, C), and the type of fire on which it should *not* be used. This chart is covered with exposed x-ray film to protect it and bordered with luminous tape which shines in the dark if any light at all reflects on it, making it easy to locate the extinguisher.

(Continued on Page 128)



DEPENDABILITY

... WHERE DEPENDABILITY COUNTS

Completely automatic, the Couch Audio-Visual System enables the patient to talk to a nurse immediately. This Couch system improves and facilitates hospital service by making more of the nurse's time available for actual nursing functions.

—by *Couch*

Your S. H. Couch Representative will be glad to demonstrate our equipment for you and your architect without obligation.

Write for bulletin #126 today.

S. H.

Couch

Since 1894 — Over a Half Century of Communications Experience

Company, Inc.

North Quincy, Massachusetts
Sales Offices in All Principal Cities

IN CASE OF FIRE

1. IF ANY PATIENTS ARE IN IMMEDIATE DANGER, REMOVE THEM FROM THE AREA.
2. TURN IN THE ALARM.

The code word for fire is "DRILL." If the fire is discovered between 8 a.m. and 4:30 p.m., notify the switchboard operator. Between 4:30 p.m. and 8 a.m.:

- (1) Call the city fire department, Outside Number 13
- (2) Call the boiler room, Inside Number 47
- (3) Call the business manager, Inside Number 51

3. CLOSE ALL WINDOWS AROUND THE AREA AND CLOSE THE FIRE DOORS AT EACH END OF THE CORRIDORS.
4. GET THE NEAREST FIRE EXTINGUISHERS AND START FIGHTING THE FIRE.

TYPES OF FIRES AND EXTINGUISHERS

Class "A" Fires

Ordinary combustible materials—rags, papers. Use soda-acid type extinguishers

Class "B" Fires

Flammable liquids, greases. Use Foam, or CO₂ extinguishers

Class "C" Fires

Electrical wiring, appliances, equipment. Use CO₂ type extinguishers only

DESCRIPTION OF EXTINGUISHERS

All-brass container.....	Soda acid
Brass with red tap container.....	Foam
All-red container.....	CO ₂

Our written procedures fall in three categories:

First is the basic procedure to follow in reporting a fire. This form is short, concise and simple to understand. A copy is given to each new employee and in addition is posted on every bulletin board in the hospital and every department head's and supervisor's office.

Second is the detailed emergency fire program for the entire hospital covering all contingencies from a fire drill to total evacuation. It sets up the various positions and delegates the authority and explains the parts the various employees play in the program.

A copy of this document is also given to each new employee who must read and study it before he commences his regular duties.

A third form is a wallet-size instruction card carried by all department heads and supervisory personnel showing what their assigned duties and responsibilities are.

The departmental instructions are, generally, typewritten and posted on the departmental bulletin board; the name of each person in the department and his particular job in case of fire are listed on the instruction sheet.

This is not true in the nursing de-

partment. Here the duties are general and are performed by all nursing personnel under the direction of the director of nursing and her supervisors.

I usually call a fire drill without giving anyone previous warning. Let's say today that I find linens on fire in the fourth floor linen room. I call the switchboard operator and say, "This is a fire drill; linens afire in fourth floor linen room." This is the last time the word "fire" is used in the hospital while the drill is being conducted. We do this for two reasons. First, we do not want to excite the patients and, second, we want no distinction between a fire and a drill. The code word for fire is "drill."

When the operator has a "drill" report she clears the switchboard and plugs in the following six key phones—fire marshal, business manager, medical director, third floor nursing station, laundry (in a separate building), and the administrative assistant to the business manager. She then signals continuous, short staccato rings and, each time one of the telephones is answered, she says, "Drill—linen in fourth floor linen room." This indicates that there is a fire or a fire drill, that the combustible material is linen, and the location is the fourth floor linen room.

After completing the six calls, the operator then calls the city fire department and reports that we are having a drill and that it is a drill. The fire department usually makes the run to the hospital with sirens going. Our record time is four minutes from the time the drill was reported until the truck arrived.

The switchboard operator then stands by to take any calls or instructions.

As soon as the business manager, medical director, and administrative (Text Continued on Page 132)

— FIRE STATIONS —

1. ■ Laundry worker
2. ▲ First floor janitor
3. ▲ First cook
4. ■ Blue room girl
5. ▲ Laundry worker
6. ▲ Laundry foreman
7. ▲ Fireman
8. ▲ Kitchen worker
9. ▲ Chef
10. ■ Kitchen janitor

First
Floor

KEY TO SYMBOLS

● Soda Acid

■ Foam

▲ CO₂

11. ● Laundry worker
12. ● Floor housekeeper
13. ● Diet maid

Second
Floor

14. ▲ Janitor
15. ■ Janitor
16. ● Floor housekeeping
17. ● Diet maid

Third
Floor

18. ● Floor housekeeper
19. ● Diet maid

Fourth
Floor



There's safety in the shine if there's Du Pont Ludox® in the wax

Quick work, Miss Jones—the boss is waiting! Safer work, too, because that gleaming floor wax contains “Ludox” colloidal silica . . . Du Pont’s anti-slip ingredient.

In more and more offices, hospitals, schools and churches, the unique “snubbing” action of “Ludox” is reducing skidding and slipping. This action occurs when the pressure of a footstep forces the hard, transparent “Ludox” particles

into the softer wax . . . absorbing the foot’s forward-moving energy. The result: added traction and safety underfoot.

What’s more, high-grade waxes, properly formulated with “Ludox,” retain all their basic properties: gloss, water resistance and leveling. Have your maintenance man insist on a floor wax containing “Ludox.” You’ll see that beautiful floors can be safer floors, too.



BETTER THINGS FOR BETTER LIVING
... THROUGH CHEMISTRY

For safety underfoot, specify floor waxes made with

LUDOX®

Colloidal Silica

**Commonwealth of Kentucky
Department of Insurance
State Fire and Tornado Insurance Fund
BI-MONTHLY FIRE INSPECTION REPORT**

State institution or agency _____ Date _____

Location _____

Have all buildings been inspected? _____

(Leave blank any item which does not apply)

FIRST AID FIRE-FIGHTING EQUIPMENT

1. Chemical fire extinguishers: In good order? _____ Last date of recharge _____
2. Inside standpipe and fire hose: Hose and nozzles in good condition? _____
Are connections tight and free from leaks? _____ Any hose missing from standpipe connection? _____
Give location _____

HOUSEKEEPING

3. Wastepaper, trash, rubbish: Collected in metal containers? _____ Removed from premises and burned daily? _____
4. Greasy and oily waste, paint rags, oil mops, etc.: Stored in approved metal cans? _____
5. Is space beneath stairs and bottom of elevator and dumb-waiter shafts free from accumulation or storage of any materials? _____
6. Are basements, attics, etc., free from storage of combustible trash? _____
7. Flammable liquids: Stored in separate room or building? _____ Kept in safety cans for daily use? _____

HEATING EQUIPMENT

8. Coal fuel: Are ashes placed in metal containers? _____ Was coal pile examined for evidence of heating? _____
9. Oil, natural or L. P. gas fuel: Is remote control valve provided? _____
Is copper tubing protected from mechanical injury? _____
10. Heating equipment including flues, pipes, steamlines: Properly insulated from all combustible material by a safe distance? _____

ELECTRICAL EQUIPMENT

11. Fuses on lighting or small appliance circuit: 15 ampere or less? _____
12. Electric extension cords: Good condition? _____ 10 foot lengths or less? _____
Give location of temporary wiring, if any _____

FIRE PROTECTION EQUIPMENT

13. Fire doors: All inspected? _____ In good order? _____
14. Gravity tank: Full? _____ Heating system in use? _____ Circulation good? _____
15. Fire pumps: Turned over and found in good condition? _____
16. Fire hydrants and hose: In good condition? _____
17. Automatic sprinklers: Are all valves open? _____ Were sprinkler alarms tested? _____
Were alarms operative? _____ Are dry pipe valves on air? _____
Air gauge pressure _____ lbs. Water pressure _____ lbs.

SMOKING

18. Are "No Smoking" signs posted in hazardous areas? _____ Is smoking prohibited in hospital wards? _____
If not, is it supervised by attendants? _____

HAZARDOUS AREAS

19. Kitchen: Is grease hood above range clean? _____ Is it vented to outside? _____
20. Refrigeration system: Are nonflammable refrigerants used? _____ Is room containing machinery vented to outside? _____
Is an approved gas mask for exposure to refrigerants used located outside compressor room? _____

(Continued on Page 132)

Cut costs from flooring up!

*Upper Manhattan
Medical Group,
Health Insurance Plan Clinic
New York, N. Y.*

*Associated Architects:
George Nemeny,
Abraham W. Geller,
Basil Yurchenco*

*General Contractor:
Adson Builders, Inc.*

*Flooring Contractor:
Sidney Fenster, Inc.*



Widely acclaimed, New York's Upper Manhattan Medical Group Clinic integrates the highest standards of architecture, function and decor in an ideal union . . . in which MATICO Confetti tile is an essential specified element.

MATICO Confetti tile flooring



Easily installed and easy to clean, even under heavy traffic conditions in circulation areas, Confetti helps keep costs down.

Saves on installation and maintenance



In this intimate waiting room, the decor is one of colorful furnishings, restful lighting and more of MATICO's bright, long-lasting Confetti tile.

Gives years of trouble-free wear



Architects planned the pharmacy as a "display piece" near the Clinic's entrance. Attractive Confetti in white with black mottle was used.

Looks brighter, stays cleaner longer

is low-priced . . .

economical to maintain . . .

beautiful in appearance!

It's easy to see why more and more hospitals are using MATICO Confetti in asphalt or vinyl-asbestos tile flooring.

Basically, it's because Confetti satisfies every need, every rigid requirement of the modern hospital. First, it is sanitary, durable and quietly resilient. But more than that, *it is low in cost for both installation and maintenance.* And, in addition to all these utility values, Confetti's gay dots-of-color styling lends new charm and cheer where past custom dictated hygienic coldness.

Good reasons, all, why Confetti tile flooring is selected for so many modern hospitals across the country.



MASTIC TILE CORPORATION OF AMERICA

Houston, Tex. • Joliet, Ill. • Long Beach, Calif.
Newburgh, N. Y.

Confetti • Aristoflex • Parquetry • Matisork • Asphalt Tile
Rubber Tile • Vinyl Tile • Cork Tile • Plastic Wall Tile

FIRE INSPECTION REPORT (Continued From Page 130)

21. Laundry: Are laundry room and machinery free from combustible lint and dust? _____ Do all safety pilot lights on electric irons operate? _____ If dry cleaning or spot removing, is it done in a separate well ventilated room? _____
22. Hospital operating room: Are oxygen and nitrous oxide cylinders stored separately from containers of cyclopropane, ether, ethylene, or ethyl chloride? _____ Are storerooms ventilated directly outside? _____ Is all electrical equipment of the nonexplosionproof type? _____ Are provisions made for safeguarding against static electricity and other sources of ignition during operations? _____
23. Industrial or shop areas: To your best knowledge, is combustible material protected from the following sources of ignition: (a) open flames and heaters; (b) friction from moving machinery; (c) electricity; (d) chemical reactions? _____ If not, give location _____

FIRE EXITS AND DRILLS

24. Exit doors and fire escapes: Free from obstructions? _____ Kept unlocked or equipped with panic lock? _____ If institution with inmates under restraint, are attendants provided with keys to exit doors? _____
25. Are fire exit drills held regularly? _____ Give date of last fire drill _____
26. Are fire alarms or fire alarm devices operative? _____ Date alarm system last tested? _____

General comments: _____

Inspected by _____

Title _____

(Continued From Page 128)
assistant receive the "drill" report, they proceed to the P. A. system and, turning all stations on, repeat in a calm voice, "Drill—linen in fourth floor linen room." One of these three persons stays by the P. A. system to relay instructions while the other two assist in supervision of fire fighting or evacuation.

Generally speaking, laundry, dietary and housekeeping employes are responsible for the extinguishers; administrative personnel, for records, monies and x-ray film; the nursing department, for patients. When the "drill" report is received, the nurses immediately close all doors and windows, and stand by for evacuation instructions, if they are necessary.

Every fire extinguisher has been removed from the hook by the person assigned to it and the safe is opened and file cabinets prepared for record evacuation, if necessary. It is the chief housekeeper's responsibility to see that every employe is at his assigned place with relation to the fire extinguishers, and she immediately starts checking when the "drill" report is received.

When the fire marshal gets the "drill" report, he and his assistants in the maintenance department proceed to the fire. When he reaches the scene of the fire, the marshal determines the size and type of blaze and, then, from the list of extinguishers he carries, he

calls for the ones that he wants. If he wants Nos. 6, 9 and 30, for example, the runner conveys the information to the P. A. system operator who repeats quietly, "Extinguishers No. 6, 9 and 30." When the person who has one of these numbers hears it called, he picks up the extinguisher from the floor and walks as quickly as possible, using the stairs, to the scene of the fire. We usually call up many more extinguishers than would ordinarily be needed, in order to give all our people some experience and action.

After the "drill" is completed, the fire marshal instructs the P. A. system to give the "All Clear."

After giving the "All Clear" the P. A. operator instructs every person responsible for an extinguisher to inspect the nozzle to see that it is unobstructed, and to check the date inspection card to determine that it has been recharged within the last 12 months. Each employe then replaces the extinguisher on the wall hook and returns to his normal duties. This constitutes a normal fire drill at this hospital.

When this program was inaugurated, all employes were given instruction in the use of the three types of extinguishers we have. They had an opportunity to put out actual fires with each extinguisher. The three extra extinguishers mentioned previously in this paper were purchased for instruction

purposes in order that the hospital extinguishers would never be empty in case of emergency.

During the first week of each month all persons employed the previous month are given this fire extinguisher instruction course. Classes are conducted on the cinder pile behind the boiler house. The fire marshal explains the use of each extinguisher and starts a fire of the type for which the extinguisher is the most suitable. The new employe then extinguishes the blaze.

During the month of June each year, all soda acid and foam extinguishers are recharged. CO₂ extinguishers do not require recharging unless they are used.

On the first and fifteenth of each month, our fire marshal makes a complete fire inspection and report. Since ours is a state institution, we use a report set up by the state fire and tornado agency, but it is applicable to any hospital and is very valuable.

The marshal must be conscientious in this inspection and report any hazards he finds. The department head responsible for the hazard should be notified, and if the correction is not made it becomes the business manager's responsibility to see that it is.

The best fire emergency program is the one that we never have to use. To attain this goal we need to make all our employes fire safety conscious and to seek to eliminate hazards.

*You'll
dry better with*
**FORT HOWARD
PAPER TOWELS!**



The wetter you get, the more you need the special fibers in Fort Howard Paper Towels for superior drying ability. Fort Howard's Controlled Wet Strength process produces towels that stay strong and firm when wet, without losing softness or absorbency.

In addition to economy in use, only Fort Howard offers 18 towel grades and folds — to assure low-cost user satisfaction whatever your washroom requirements. Call your Fort Howard distributor . . . he'll recommend the towel that fits *your* needs exactly!

*For 37 Years Manufacturers of Quality
Towels, Toilet Tissue and Paper Napkins*

**FORT HOWARD
PAPER COMPANY**
GREEN BAY, WISCONSIN



A Good Surface Is a Floor's Best Friend

The creation of a "maintainable surface" is essential to the preservation of all types of flooring, both hard and soft, against the abrasive effects of dirt and constant traffic

A. BAKER

THE essential purpose of floor maintenance is to preserve it against the enormous abrasive wear to which it is subjected and, at the same time, to facilitate removal of soil from its surface. Both of these ends are achieved through the creation of the maintainable surface.

Most structural materials are porous; the pores collect soil that can be "lifted" out only by heavy wet cleaning. They serve as focal points for the initiation of abrasive wear; and, because they break the uniformity of the floor's surface, they impair its appearance.

HOW IT IS PRODUCED

The "maintainable surface" is produced by superimposing upon regular flooring a smooth, uniform, non-porous coating. Because it fills and seals pores, this coating permits removal of a high percentage of soil by simple sweeping. Because it covers the floor uniformly, it absorbs most of the traffic wear that otherwise would abrade the floor structural material. And, as a by-product, because of its smoothness, the floor coating produces a gloss which enhances the natural beauty of the floor material.

At present, coating materials (waxes, resins and seals) available for building the maintainable surface do not form films which are everlasting. On the contrary, they can be considered "disposable." That is, in the course of protecting the floor from wear, they themselves become worn and, when this takes place, they can, if properly

formulated, be quickly and economically removed and replaced.

Such disposable surface coatings used to build the maintainable surface unfortunately are often associated in the public mind with hazardous slipperiness. This misconception may be carried over from experience with the slippery carnauba wax formulations of 20 years ago. Or it may be a mental association of slipperiness with all glossy surfaces. Whatever its cause, the misconception does great injustice to the modern surface coating formulation.

In brief, the traction of any floor surface cannot be attributed solely to the floor surface coating or even to the flooring itself. Equal weight must be attached to such properties as type and condition of soil upon the floor, type and condition of shoe soles and heels of individual walkers, individual angle of primary contact between heel and floor in normal walking, and weight on heel at the moment of impact. In other words, the slipperiness of any floor in respect to any individual is likely to depend upon the individual himself, his walking habits, the shoes he wears, and their condition of repair and cleanliness.

So far as the coating itself is concerned, it is generally true that most modern products offer considerably more traction than do the surfaces they cover.

Selection of proper materials for preparing and building the maintainable surface is not easy. Wide diversity in type and condition of flooring,

traffic density, soil characteristics, and climatic conditions create a host of highly individual problems. The situation is further complicated by the fact that an enormous number of maintenance products are being marketed. They are manufactured from a wide variety of raw materials for a wide variety of purposes. As a result, under any given set of conditions, there may be vast differences in the performance of products presumably intended for the same usage.

The following paragraphs contain a brief discussion of the commoner types of coating materials used in building the maintainable surface. The characteristics imputed to each class are based upon hundreds of field and laboratory tests and upon the observations over a period of years of some 75 highly trained maintenance experts. In general, they are typical of products that are most widely sold and used. But it must be remembered that there are many individual exceptions.

WATER EMULSION COATINGS

Water emulsion coatings are stable dispersions of very fine wax or resin particles in water. They are noninflammable, self-polishing and harmless to almost every type of surface. They have even been applied successfully to sealed wood surfaces.

Hardness, water resistance, slip resistance, flexibility and high gloss are all important characteristics of the water emulsion products. Unfortunately, no single raw material produces emulsions that are superior in all these

now proved! Conductive Floor Cleaner

REDUCES EXPLOSION DANGER



FIELD TESTING PROVES HIGH EFFECTIVENESS

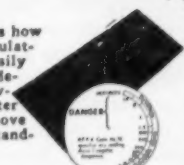
Hillyard Conductive Floor Cleaner is especially formulated for the cleaning of Conductive Floors as specified and described in the booklet, "Safe practices for Hospital Operating Rooms" NFPA No. 56 dated May 1954—Conductive Floors complying with these requirements must have a resistance of 25,000 to 1,000,000 Ohms as measured between two electrodes placed 3 feet apart at any points on the floor. All field tests were made with strict observance to these requirements. Safe readings were maintained by simple, proper treatment and maintenance procedures using Hillyard Conductive Floor Cleaner exclusively.

The panels to the right show the great variance in Ohmeter readings between conductive floors cleaned with ordinary soap type cleaners as contrasted with the same floors cleaned with Hillyard Conductive Floor Cleaner.

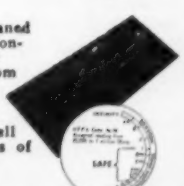
AN INSULATING FILM ON YOUR FLOOR DESTROYS CONDUCTIVITY

Any cleaning materials that will leave a soap scum or thin insulating film, will by frequent use soon cause complete insulating. With Hillyard Conductive Floor Cleaner there is NO harmful film left from this material to build onto the floor to retard or destroy conductivity.

The panel shows how destructive insulating film can easily be built up to destroy conductivity with Ohmeter readings well above the accepted standards.

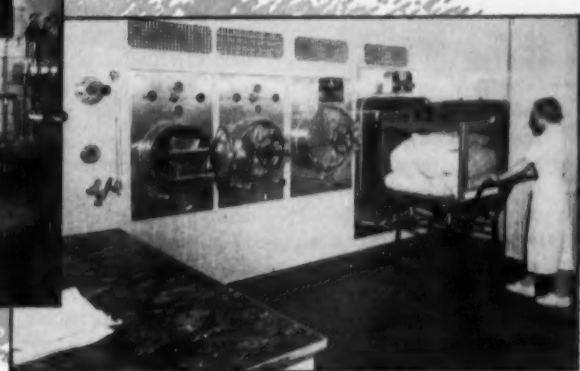


The panel—cleaned with Hillyard Conductive Floor Cleaner, free from any insulating film, delivers safe readings well within standards of safe practices.



ANOTHER TRIUMPH FOR HILLYARD RESEARCH

Realizing the great need for a solution to conductive floor maintenance, Hillyard Laboratories set out to find the answer to this puzzling problem. Now, as the result of this extensive study, comes reports of field tests that prove Hillyard Conductive Floor Cleaner can supply a truly simplified and effective system for the care of conductive floors.



MEETS HIGH STANDARDS OF HOSPITAL CLEANING NEEDS

The fact that Hillyard Conductive Floor Cleaner is commonly used in a one to forty dilution, illustrates its amazing cleaning properties. No other cleaner should be used when using Hillyard Conductive Floor Cleaner. Used basically as a cleaner to fill hospital needs, it works quickly and thoroughly to give you that "hospital clean" atmosphere.

SAFE FOR ALL CONDUCTIVE FLOORS!

The Hillyard Maintainer® is "On Your Staff, Not Your Payroll." Ask him for expert advice on your floor problems.



Pasosic, M. J. San Jose Calif.
Branches in Principal Cities

Hillyard
Hospital Division St. Joseph, Mo.
Please give me full details of your
Conductive Floor Maintenance plan.

Name.....
Title.....
Hospital.....
Address.....
City..... State.....
.....

characteristics. Each raw wax or resin is usually superior in some one respect but inferior in others. Thus, a high gloss film may prove to be brittle, slippery and poor in water resistance, whereas a highly slip resistant product may be low in gloss and easily marked or soiled. Modern formulations are usually balanced blends of ingredients which attempt to effect the most favorable compromise between the superior and the inferior points of available raw materials. It must be noted, however, that there is no general agreement on the nature of "the most favorable compromise." The success or failure of one individual wax product on a particular floor is, therefore, no indication that *all* wax products will similarly succeed or fail.

For many years, the only available water emulsion type of floor coatings were manufactured with raw materials generally classed as "waxes." More recently, there have appeared on the market a number of water emulsion wax-free coatings made entirely with synthetic resins and sometimes with plastic resins.

Though intended for the same purpose, the wax and the nonwax products have slightly different characteristics. Each type has its advantages and the choice between them depends largely upon individual circumstances.

Coatings of the wax type are normally buffed after application. Buffing produces an appearance of great depth and gloss that is frequently higher than that obtainable with the nonwax products. Though they can be made relatively scuff resistant, the wax products will ultimately acquire scuff marks from the traffic but these marks can be largely eradicated by buffing. Wax films, therefore, may be maintained without replacement for as much as six or eight months under moderate traffic conditions.

The nonwax products usually dry more slowly than wax emulsions do and require two or three times as long to attain full water resistance. For this reason, they generally must be used with caution in building entrances or wherever heavy, wet traffic may be expected without warning.

On the other hand, the nonwax products are generally harder, more resistant to smearing or scuffing, and far more resistant to dirt penetration than waxes are. These factors have made them particularly attractive in industrial installations.

In the past, most nonwax products

have been unaffected or sometimes even harmed by buffing. This characteristic has led to a whole new system of maintenance, applicable wherever good but not superlative appearance is required. It is believed by many to offer significant economies in manpower. This system is based upon the fact that initial applications of nonwax usually produce gloss and depth of film greater than that of an unbuffed wax and will, on an average, resist scuff marking two or three times as long as unbuffed wax.

(It is true, of course, that most waxes will buff to some extent under traffic. This, however, is believed to be offset by the waxes' greater acceptance of dirt penetration requiring wet cleaning and consequent dulling of a wax film under circumstances where the nonwax film may be swept clean.)

Ultimately, of course, scuff and scratch marks do appear in nonwax surfaces. When they do, it has been common practice to heal the film by damp mopping followed by simple application of another coating of material. Under average circumstances, this process usually can be repeated several times before complete stripping is necessary.

It has thus been generally true that wax products have made possible superlative appearance with considerable material economy at the expense of man-hours required for buffing. The nonwax products, on the other hand, have for the most part combined good, though not superior, appearance with increased material usage in order to save all man-hours required for buffing.

For the most part, the key to the choice between wax and nonwax may be said to lie in individual preference or requirements and in the economics of buffing. It should be noted, however, that truly buffable nonwax coatings have appeared recently on the market. Some of these products, which combine the hardness, scuff resistance, and dirt resistance of nonwax with the buffability and scratch resistance of wax, tend to bridge the gap between the two products and to be useful under any system of maintenance. Many observers believe that it is not possible to obtain quite as high a gloss with buffable nonwax as with wax. Nevertheless, this type of product is well worth watching.

SOLVENT WAXES AND SEALS

Solvent waxes and seals are dispersions of waxes and resins in organic

solvents, such as naphtha. In physical form they may be either paste or liquid. They are much less popular today than the water emulsion products because they are inflammable and, therefore, somewhat hazardous to handle; because they are not self-polishing and, hence, require strenuous buffing, and because they are damaging to most asphalt tile and rubber tile floors. Solvent waxes are, however, generally preferred on wood floors—even sealed wood floors—because of the sensitivity of wood to excessive quantities of water. They are also generally preferred on terrazzo, tile or marble because of their greater ability to penetrate and seal.

OLEORESINOUS VARNISHES, SEALS

These products are intended primarily for wood surfaces and are closely related to the spar varnishes with which they are sometimes used interchangeably. It is, in fact, impossible to draw a sharp distinction between the two since they are essentially variations of the same material combinations. In general, the spar varnish is intended to form a heavy surface coating that strongly resists weathering, but it is somewhat too brittle to give good service under traffic abrasion. The floor seals or varnishes, on the other hand, tend to emphasize flexibility which imparts to them excellent wearing properties under traffic; however, weathering resistance is usually somewhat reduced.

The wood floor seals prevent penetration by moisture and soil and, properly formulated, should be resistant to acids, alkalis and oils. They present a smooth, glossy surface that is easily swept clean. Though highly resistant to wear and abrasion, they can be scratched or scarred. Since marred seal can usually be corrected only by sanding and reapplication, seal surfaces are often protected by the more readily disposable wax or nonwax coatings.

SPECIAL PURPOSE SEALS

Available on the market is a wide range of special purpose seals with limited but, nonetheless, desirable applicability. Such products are useful in restoring worn asphalt tile, linoleum or rubber floors; in protecting terrazzo against wear or chemical attack, and in sealing concrete against special types of wear and staining. Though useful, these products must be selected with great care to ensure that they will not damage the surface on which they are

Berea College Hospital Test of 3 most-used

methods prove that the

AUTOMATIC

Presco

BRACELET SYSTEM

is the

**Fastest, Easiest Method
For Immediate
Patient Identification!**



For babies

Presco Bracelets meet all requirements recommended by the A.H.A. Pink and blue to identify sex.



For Adults

For use in surgical cases, blood transfusions, the emergency room and in multiple-bed rooms—a never failing "double check" for complete accuracy—a protective procedure patients are glad to pay for.



Safe . . . Can't slip off. So sure, so trustworthy that it must be cut off.

Fast . . . Easy pressure of fingers snap-locks bracelet onto patient's wrist. No awkward tools or gadgets needed.

Comfortable . . . Soft, pliable, non-toxic plastic conforms to wrist. Won't impair circulation.

Attractive . . . Beautiful pink, blue and white plastic. Parents invariably want to buy bracelets as keepsakes—so they pay for themselves.

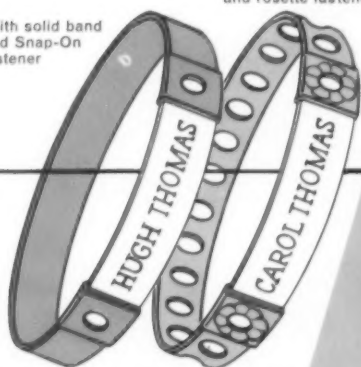
Only 3 Simple Steps!

1. Write desired information on pre-cut card.
2. Slide into transparent holder.
3. Slight pressure of nurse's thumb and finger snap-locks bracelet onto patient's wrist. It takes only seconds!

Available in two types...

With adjustable band and rosette fastener

With solid band and Snap-On fastener



Presco Baby Kit:

144 complete bracelets (72 pink and 72 blue) **\$59.75**

Presco Adult Kit:

144 complete bracelets (All pink, all blue, or all white) **\$59.75**

Presco Refills:

144 baby or adult style bracelets **\$43.20**

Packed in Attractive, Re-usable Kit!

**For Free Samples, write
PRESKO COMPANY, INC.
Hendersonville, N. C.**

Order from any one of
these Distributors

AMERICAN HOSPITAL SUPPLY CORPORATION
2020 Ridge Avenue, Evanston, Illinois

WILL ROSS, INC.
4285 N. Port Washington Rd., Milwaukee 12, Wisconsin

A. S. ALOE COMPANY
1831 Olive Street, St. Louis 8, Missouri

MEINECKE & COMPANY, INC.
225 Varick St., New York 14, New York

4 reasons why Presco



Feather-Lite
SCREENS are the

Easiest-to-Handle and Safest!



1. So "feather-lite" that you can easily lift it with one hand.
2. Self-locking hinges lock panels into correct position. Perfect balance and floor-skids make screen virtually tip-proof.
3. Folds to 3-inch thickness for compact storage.
4. Handsome vinyl panels present a fresh, modern appearance. Snap-out rods mean easy removal for cleaning. Aluminum is anodized for lifetime satin finish. Also available with handsome gold finish (\$5 extra).

3-Section Regular Model \$34.50

3-Section Deluxe Model \$44.50

Prices effective November 1st

There's a *Presco* to fit your needs

Presco offers a complete line of screens specifically designed for hospital service. A wide selection of models in 3 or 4-section styles, including the PRESCO Deluxe Screens (¾ inch tubular frames) and Regular Screens (½ inch tubular frames). Panels available in pastel blue, rose, green, white or circus motif for nurseries.

Disposable Bassinets

Help Reduce Cross-Infection — Ideal for sick babies and healthy babies

— The solution to overcrowded nurseries

**Your Assurance That You'll Never
Be "Short" of Bassinets.**

PRESKO Disposable Bassinets are made of strong, rigid, water-releasing Flute-wood stock. Lightweight yet sturdy, one-piece construction... decorated in either pink or blue designs.

Delivered flat and can be folded and assembled in one minute.

Please specify color or colors desired.

	East of Rockies	West of Rockies
In lots of 10 to 75	\$1.75 per bassinet	\$1.83 per bassinet
In lots of 80 to 250	\$1.55 per bassinet	\$1.63 per bassinet
In lots of 254 or more	\$1.45 per bassinet	\$1.53 per bassinet

Packed 10 pink or 10 blue to a carton (net 30 lbs. per carton.)



- No Scrub-Up — No Disinfecting
- No Liners — No Re-Use
- Fits Most Bassinet Stands
- Parents Love to Take Them Home

Parents are delighted to purchase this attractive Bassinet — so it more than pays for itself.



Order from any one of these Distributors

A. S. ALOE COMPANY
1831 Olive Street, St. Louis 3, Missouri
AMERICAN HOSPITAL SUPPLY CORPORATION
2080 Ridge Avenue, Evanston, Illinois

MEINECKE & COMPANY, INC.
225 Varick Street, New York 14, New York
WILL ROSS, INC.
4295 N. Port Washington Rd.
Milwaukee 12, Wisconsin

the ABC of magazine service

is WANTEDNESS

- If you're a conscientious hospitaler, chances are you're a busy person. When you pick up a magazine to read, you're devoting a part of the precious hours of the day that are your own to an undertaking that must repay you for the time you give to it.

We, as publishers of The Modern Hospital, understand that our magazine can repay you only as it causes you to think better about the job you do today and, possibly, the job you want to do tomorrow. Reading The Modern Hospital is an extension of your business day, already long enough and demanding enough, into your own leisure time. It is important to us to serve you well and so it is also important to us to know how many people like yourself *want* the magazine.

For that reason we have been, since its founding in 1914 (a year after we started The Modern Hospital) a member of the ABC, which means Audit Bureau of Circulations. Every six months we report, from carefully maintained records, to the Bureau exactly how many subscribers we have, how we obtained them, how many of them had subscribed before and renewed their subscriptions, and how many fell into each occupational group we serve. Once a year the Bureau audits these records.

Now, it is not important to you that we belong to such an auditing organization, any more than it is important to you to know who audits our books. It is important to you that we keep accurate, issue-by-issue records of our subscribers—for it is this continuing record that enables us to know with very substantial accuracy how many people *want* our magazine and, within very narrow limits, what positions they occupy in the hospital field.

It may also interest you to know that we sell our magazine to everyone at exactly the same price—\$4.00 for one year or \$6.00 for two years, except for higher prices to subscribers outside the U.S., its outlying territories and Canada. Nobody gets a bargain or cut rate or anything free as an inducement to subscribe. That, too, is pretty good evidence that those who do subscribe do so because they *want* The Modern Hospital.

Just to make a point—14,203 paid subscribers received the August issue of The Modern Hospital.

This message published by
The Modern Hospital
Publishing Co., Inc., in connection
with ABC Month—October 1956

Vol. 87, No. 4, October 1956





For Savings
Specify



DARNELL

CASTERS AND WHEELS

Enjoy the advantages of easily movable equipment, full protection of floors and the elimination of damage to equipment due to wracking - at no additional expense over ordinary casters and wheels.

Darnell Institutional Casters and Wheels fit in with the atmosphere of quiet dignity which characterizes the well-managed hospital.

Have you received your copy?



BUMPERS AND GLIDES
It will also pay you to look into the many ways that Darnell Rubber Bumpers and Noiseless Glides will increase efficiency and effect savings.

DARNELL CORPORATION, LTD.

DOWNEY (LOS ANGELES COUNTY) CALIFORNIA
40 WALKER STREET, NEW YORK 12, NEW YORK
76 NORTH CLINTON STREET, CHICAGO 4, ILLINOIS

to be used. In general, they should be applied only on the recommendation of a responsible maintenance expert.

Parenthetically, it may be remarked that responsibility is the key in evaluating a "maintenance expert." Any man may so style himself, but he should be regarded with suspicion until he demonstrates ability and willingness to accept responsibility for his special recommendations.

PREPARING MAINTAINABLE SURFACES

The basic method of preparing floors to receive coating is cleaning. In order to obtain satisfactory bond between coating and structural surface, it is necessary to remove all possible foreign matter so that the coating may be in contact at every possible point with the surface it is intended to cover.

In the case of wood floors, preparation by sanding is, of course, most desirable. Old coatings of seal are sometimes removed by aqueous solutions of strong alkaline cleaners used in conjunction with an electric floor scrubbing machine equipped with a coarse steelwool pad. This practice exposes the raw wood to alkaline solution and is generally decried by wood floor manufacturers and contractors.

Sanding preferably is done by a power-driven band sander equipped with medium coarse sandpaper. No. 36 is generally adequate, though new floors that are uneven may require No. 20 grit. It is also sometimes possible to remove old seal with a No. 50 grit paper. Finished sanding should be done by using slick 80 or 100 grit paper to remove all standing grain or fuzz. A rotary machine rather than a band sander is sometimes used for the finishing operation.

On all floors other than wood, preparation for coating is usually accomplished by means of a detergent solution. Detergent solutions fall into two general categories: soap, and nonsoap or "synthetic" detergent. Soaps and nonsoaps for the most part are used interchangeably although each has its particular points of advantage.

Soap solutions are favored by many operators for cleaning that involves removal of heavy soil deposits. It is their feeling that soap solutions generally have greater emulsifying or soil carrying properties than do most of the nonsoap cleaners.

Soap solutions, of course, when made up with hard water, tend to precipitate "hard water soaps" that may cling to floor surfaces in a tenacious

film and that must be removed by careful, thorough rinsing. It is even possible for soaps to react with calcium salts in the cement of terrazzo floors to form a "seal" that is difficult to remove by any means. Some modern soap formulations, however, contain sequestering or chelating agents that suppress precipitation of hard water soaps within certain limits.

Either a chelated soap or a nonsoap cleaner, which generally has no reaction with alkaline salts, will be found preferable to plain soap cleaners for use in hard waters. Nonsoap cleaners are likely to be more effective against extremely oily soils than is any type of soap preparation.

For so-called "rinseless" cleaning, either chelated soap or nonsoap cleaner may be used but, in preparing the floor for coatings, it is always preferable to follow any cleaning operation with a thorough rinse. No matter how carefully done, "rinseless" cleaning cannot fail to leave some trace of both detergent and soil upon the floor surface. The quantity remaining may or may not be sufficient to impair the bonding of the coating material. But, since coating, if properly done, is a rather infrequent operation, it seems best to devote extra time to rinsing rather than risk failure of the coating through poor bonding.

A special type of nonsoap cleaner is the alkaline powdered cleaner composed of inorganic alkaline salts sometimes combined with abrasive materials. The high potential alkalinity of these cleaners that distinguishes them from the usual neutral soap and nonsoap cleaners renders them generally too corrosive for use on asphalt tile, linoleum or rubber tile floors. This alkalinity, however, enables them for the most part to serve as excellent cleansers capable of attacking and removing the most difficult of soil deposits. They are, therefore, frequently used on marble, terrazzo, quarry tile, and other hard floors that will withstand their corrosive action.

One precaution should be particularly observed by those who find the use of alkaline powdered detergents necessary or desirable. Many of the soluble alkaline salts are crystalline in nature and a dissolved crystalline substance again becomes a crystal when the water dries out. Therefore, when a cleaning solution containing dissolved crystalline material remains in cracks or fissures in a terrazzo, concrete or even marble floor, crystals are ulti-

TWO NEW PATTERNS IN

Bolta-Wall

VINYL WALL COVERING

OMEGA

TATAMI

Beautiful

**and pay for themselves
in maintenance savings!**

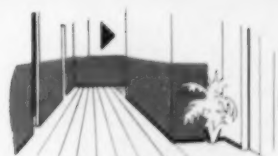
NEVER NEEDS PAINTING... that's the big "savings" factor in Bolta-Wall! Dirt, grease and grime simply wash away with ordinary soap and water. And it goes up fast, too... over plasterboard, hardboard, plywood or plaster (old or new)... and is completely flexible to form around even the sharpest curves.

Bolta-Wall stays new-looking for years... resists staining and scuffing... won't crack, chip or peel... and is fire-retardant to Federal Specs. SS-A-118A.

IN A CHOICE OF SIX COLORFUL PATTERNS... *Bamboo*, *Mahogany*, *Leathergrain*, *Georama solid pastels*... and two new patterns, *Tatami* (woven fiber) and *Omega* (geometric print) in roll goods. *Bamboo*, *Mahogany* and *Random Cork* patterns are also available in new PRE-PASTED Bolta-Wall tile (8" x 8") that requires no pastes or other adhesives.

For samples and complete information write...

THE GENERAL TIRE & RUBBER COMPANY
BOLTA PRODUCTS DIVISION • LAWRENCE, MASS.



For wainscote



For walls



Makers of famous Bolta-Floor
Vinyl Tile and Bolta Food
Service Equipment

mately reformed. In forming, these crystals expand and exert tremendous pressure which can greatly accelerate the disintegration of hard flooring.

So much for the various materials used in building the maintainable surface. The substrates upon which maintainable surfaces are normally built are given brief consideration in the next section. Again, it should be emphasized that, although the materials and methods suggested are based upon extensive observation and test, there are many variations in floor surface and many exceptions.

MARBLE AND QUARRY TILE

These are hard, dense, natural stone materials that do not, as a rule, require sealing of any sort for preservation. They are capable, however, of being ground to a high polish and, when so polished, it is usually desirable to protect them against scratches. Either the water emulsion type or the solvent type of coating is usually recommended. Oleoresinous seals and varnishes are for the most part undesirable because they tend to yellow with age and they can be removed for replacement only by vigorous methods

that may cause some damage to the polished surface of the floor.

When such floors are to be maintained by cleaning only, it is desirable to avoid crystalline cleaning powders or acid preparations. Floor oils and sweeping compounds containing oil are likely to penetrate marble or quarry tile surfaces and leave a stain that is extremely difficult to remove.

CERAMIC TILE

These floors are manufactured from various combinations of clay, marble, slate, glass and flint. Maintenance methods for them are substantially like those used for marble and quarry tile.

TERRAZZO

Terrazzo is a hard, durable flooring material prepared by imbedding marble aggregates into cement. The porosity of the cement demands sealing for protection against penetration by water, soil or other agents. For sealing terrazzo floors, the solvent wax, an excellent penetrating agent, is most commonly used.

Terrazzo is sometimes sealed by application of concentrated soap solutions that react with alkaline salts contained in the cement to form insoluble "hard" soaps deep in the pores of the floor. Such sealing is quite effective but tends to create a satiny yellowish cast in the floor. This is largely a matter of individual preference.

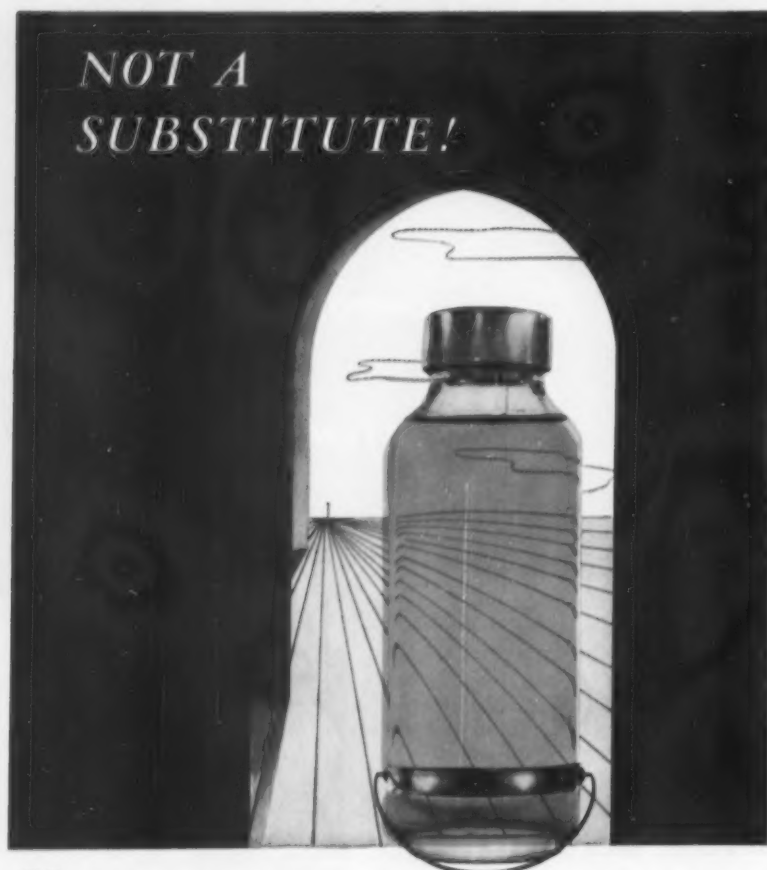
Special purpose seals are available for sealing terrazzo against special types of exposure. These products are frequently of great value but should never be used except by an expert since they may cause great damage if improperly applied.

Oleoresinous seals of the penetrating type have in rare instances been used successfully on terrazzo floors. Such applications should be made with great care, however. This type of seal can never be removed except by abrasive methods which may damage the entire floor beyond repair.

SOFT FLOORS

Asphalt tile, linoleum and rubber tile are usually termed "soft" floors, as are their plastic counterparts. It is, perhaps, not generally realized that plastic or vinyl floors are manufactured in many types. Usually each of these types resembles some previously manufactured soft floor and differs from it by substitution of vinyl resin for one or more previously used ingredients.

Thus, semirigid vinyl base tile may



NOT just a plasma expander, but genuine blood plasma itself . . . offering not only speedy, natural blood volume expansion, but the plus value of its recovery-speeding homologous proteins and natural nutrients. Not just an experimental liquid, but the time-proved product of human blood that restores and maintains osmotic pressure, replaces lost protein, and has saved thousands of lives every year for many years. Hyland Liquid Plasma is ready to use without blood grouping, typing or crossmatching. Requires no refrigeration, preliminary

warming or reconstitution. Supplied in 300 cc. liquid units . . . clear, citrated normal human plasma, ready for immediate infusion.

Hyland Laboratories, 4501 Colorado Blvd., Los Angeles 39, California; 252 Hawthorne Ave., Yonkers, N.Y.



HYLAND LIQUID PLASMA

NOW—
A.C.M.I. CATHETERS
INDIVIDUALLY
SANITARY-SEALED

*against pre-use
contamination*



SUPPLIED SINGLY
OR IN BOXES OF 12

To preserve their immaculate quality during handling or storage, all ACMI catheters are now individually packaged in hermetically sealed, transparent envelopes—protecting them from contamination by dust, dirt or micro-organisms, and from undesirable atmospheric conditions. They may be readily autoclaved prior to removal for use. Each sealed envelope is clearly marked for catheter size, type, and catalogue number. Now, more than ever—for all of your catheter requirements, you can fully rely on ACMI.

FREDERICK J. WALLACE, *President*

American Cystoscope Makers, Inc.

NEW YORK, N. Y.

be termed an evolution of asphalt tile. Flexible vinyl tile resembles rubber tile; calendered vinyl flooring is a modification of inlaid linoleum. Vinyl print yard goods are closely akin to conventional felt base linoleum and rotogravure printed vinyl yard goods are counterparts of the older felt base printed floor covering. Substitution of vinyl resins in the manufacture of soft flooring materials has imparted some individual characteristics to plastic floors but the basic requirements for cleaning and maintaining remain the same for all soft floors.

Neutral cleaners are essential for cleaning soft floors. Leaching of pigment and embrittlement are almost certain results of using highly alkaline cleaners. For coating, water emulsion products are customarily used. Both asphalt tile and rubber tile are damaged by the action of solvents in solvent waxes.

Linoleum and the various plastic products will tolerate solvent waxes and, in the latter case, solvent wax treatment is sometimes indicated as an initial coating. Some plastic tiles are lightly coated with silicones during the

course of manufacture. Silicones, used among other things for waterproofing building walls, are highly resistant to wetting. Their presence on a floor surface usually prevents proper leveling and spreading of any water based wax or nonwax product. In such cases, the floor should first be treated with a coating of solvent wax, inasmuch as the organic solvents are generally unaffected by the type of silicones used. After this initial application, water based products may be used routinely. The solvent wax will not need reapplication, even after the floor is stripped.



Staphene

GERMICIDE-DISINFECTANT

Penetrates
then kills

MYCOBACTERIUM TUBERCULOSIS

Mycobacterium Tuberculosis are tough and hardy; are difficult to kill. They live for months in sputum—for weeks in dry, dark places. Anionic, nonionic and cationic detergents have practically no effect on mycobacterium tuberculosis. Even quaternary ammonium salts are ineffectual. STAPHENE's unique formulation penetrates the outer defense of Mycobacterium Tuberculosis—then kills quickly and surely.

Complete information on STAPHENE will be sent immediately upon your request.



Vestal Products are Warehoused in Principal Cities Throughout the United States for Speedy Distribution

WOOD FLOORS

Wood floors, although manufactured of many different types of wood and of many different textures, require positive sealing to protect them against penetration of moisture and other agents. The oleoresinous seals are intended almost specifically for wood floor application. Such seals fall into two general classifications: In one class are the surface seals which form a perceptible film on top of the wood while penetrating it and sealing it. In the other class are the penetrating types which fill the grain in the wood but leave little actual surface. The surface seals are preferred for appearance and usually for traction. The penetrating seal is better for areas of extremely high traffic density since its "satin" finish is less subject to marking than is the surface seal finish. Both types of surface are frequently protected either by water emulsion or solvent coating materials that can be more readily removed and replaced.

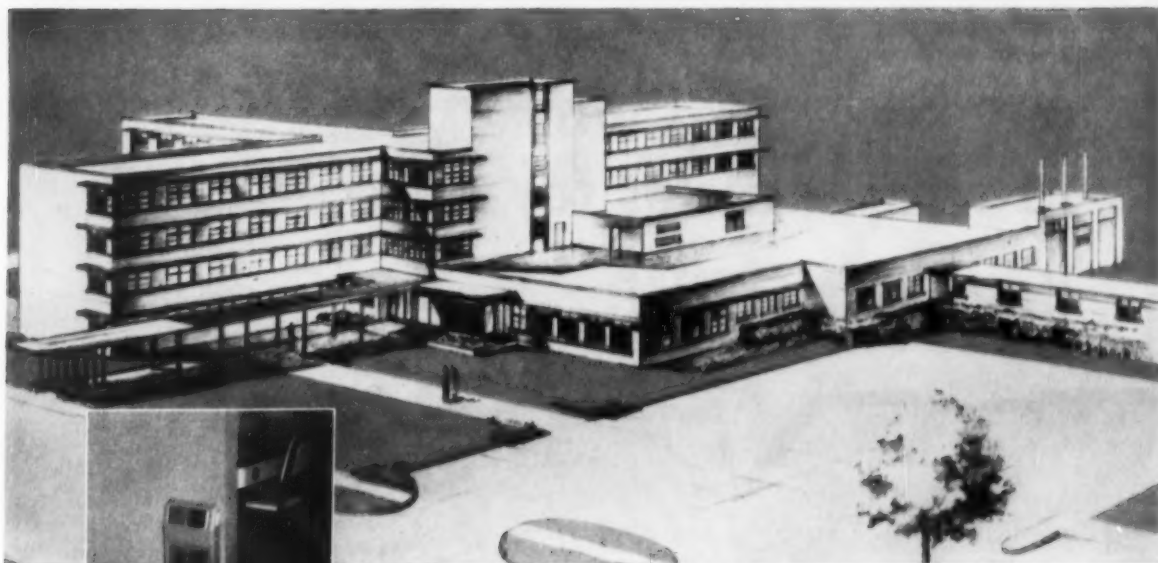
CONDUCTIVE FLOORS

Most hospital operating rooms are equipped with flooring material that actually conducts electricity within certain limits. In a sense, it is the purpose of such flooring to "connect" electrically the various persons and objects in the room so that all will remain at the same potential, thus obviating static discharge.

Despite the many promotional claims which have been made, no great reliance should be placed on special conductive cleaners or conductive coatings. In their present state, they are extremely difficult to distinguish from standard maintenance products, and their use in no way reduces the necessity for control by frequent, routine conductivity testing.

Cleaners for conductive floors should be of the "free" rinsing type that have

New hospital addition has ROOM-BY-ROOM TEMPERATURE CONTROL with Iron Fireman SelecTemp Heating



Blanchard County Hospital, Findlay, Ohio, will use about 100 SelecTemp room heating units as part of their expansion and modernization program. SelecTemp units are recessed in walls, use no floor space. Each room unit has built-in non-electric thermostat. Architect: Wilbur Watson Associates, Cleveland.

Compact steam units with non-electric fans and thermostats bring a degree of comfort, economy and safety never known before in hospital heating

SelecTemp heating makes it possible to have the temperature desired in any room at any time.

The value of room-by-room temperature control need hardly be pointed out to anyone familiar with hospital routine. The temperature of each bedroom can be regulated to fit the patient's needs, day and night. Each special room—nursery, surgery, recovery rooms—can be held at the temperature desired. Heat is steady and very uniform.

A point of particular interest to hospitals is that SelecTemp room units are completely non-electric; therefore safe in operating rooms and laboratories.

Economically Installed and Operated. SelecTemp is engineered for economical installation in either old or

new construction, as can be readily understood by checking the "SelecTemp Highlights" column at right. Experience has shown that SelecTemp costs no more than many systems having no zone control of temperature.

Operating costs are low because no heat is wasted through open windows in overheated rooms. Heat can be turned down in unoccupied rooms, with further fuel saving.

For Cooling. Iron Fireman individual unit cooling, with SelecTemp heating, makes the perfect all-year combination for patient and employee comfort and economical operation.

For free literature describing the SelecTemp heating system, please send the coupon.

SELECTEMP HIGHLIGHTS

THERMOSTAT IN EVERY ROOM. Temperatures can be varied in every room to fit the "activity plan" and personal preference of the occupants.

MODULATED HEAT. Air circulation is continuous. Both temperature and volume of air are automatically modulated, as required to offset heat loss from room.

FILTERED, CIRCULATED AIR. Individual room air circulation prevents transmission of odors or bacteria from other rooms. Air is cleaned by a spun glass filter in each room unit. Filtered outside air can be introduced if desired.

BOILER LOCATION. Boiler can be placed in any desired location, with proper distribution of heat to every room.

LOW POWER COST. No electricity required to operate circulating fans. Non-electric thermostats.

LOW INITIAL COST. Easily installed in either new or old construction. Small soft copper tubing carries steam from mains to individual room heater units. Substantial savings in installation costs.

LOW FUEL COST. Temperature easily reduced in unused rooms. Overheating is eliminated. Fuels: Oil, gas or coal. Ideal for use with Central District steam.

AUTOMATICALLY BALANCED. No special adjustments of dampers, valves or orifices required to balance heating system. Each unit continuously regulates heat needed for each room. Automatically compensates for external heat sources such as solar heat, without affecting temperatures of other rooms.

IRON FIREMAN® *SelecTemp* HEATING



EVERY ROOM A ZONE

Send for information

IRON FIREMAN MANUFACTURING COMPANY
3075 W. 106th Street, Cleveland, Ohio
(In Canada: Write to 80 Ward Street, Toronto)

☐ Please send free literature describing SelecTemp heating.
☐ Please arrange for trial demonstration, in our own office, of SelecTemp unit in actual operation.

Name _____
Institution _____
Address _____
City _____ Zone _____ State _____

Patapar 27-2T...

today's efficient, money saving way to wrap articles for the *autoclave*

For efficiency and economy in wrapping articles to be sterilized in live steam, Patapar 27-2T has won high praise. This special type of boil-proof Patapar Vegetable Parchment offers these advantages:



Popular way to seal the Patapar-wrapped bundles is with "Scotch" Brand Hospital Autoclave Tape No. 222 (product of Minnesota Mining and Manufacturing Co.).

- It is inexpensive
- Eliminates laundering
- Made from pure cellulose, it is completely sanitary
- It is free from lint—has no fuzz or surface fibres
- Easily marked with pen or pencil to identify contents

If you are not already using Patapar 27-2T, write us and we will send you samples for testing, together with factual information and laboratory reports.

Patapar.
Vegetable Parchment

HI-WET-STRENGTH • GREASE-RESISTING

HEADQUARTERS FOR VEGETABLE PARCHMENT SINCE 1885



no tendency to leave either chemical residue of their own or redeposited soil on the floor. Coating materials may be of any kind so long as coatings are thin. With the exception of a few black carbon-containing emulsion waxes, all available floor coating materials are nonconductors and will impair the conductivity of a floor to some extent.

Regardless of the type of maintenance or products used on conductive flooring, it is essential that it be controlled by frequent conductivity tests made in accordance with the recommendations of the National Fire Protective Association, outlined in N.F.P.A. Pamphlet No. 56.

OPERATING ROOM STAINS

Removal of floor stains resulting from operating room spillage is rendered extremely difficult by the fact that most operating room stains and dyes are contained in organic solvent solutions that penetrate quickly and deeply into almost any type of porous flooring. Removal of such stains from terrazzo, which is most frequently used in operating rooms, is at best a tedious operation. The "poultice" method must generally be resorted to. With this method some inert material, such as calcium carbonate, is worked to a paste with a specific solvent, then applied to the floor and allowed to remain while it "draws" the stain from the floor. The process is slow. It frequently requires many trials to determine the proper solvents. And when proper solvents have been established, many reapplications may be necessary.

For operating room terrazzo, the best defense against stains lies in the solvent seals that will, as a rule, prevent penetration of dyes and stains for a reasonable length of time until they can be mopped up and the coating material repaired. Similarly, water emulsion waxes offer a temporary resistance to solvent solutions and may prevent damaging penetration. Wax-free emulsion coatings are often quite soluble in organic solvents and should not be relied upon without specific test.

Whatever its characteristics and however it is employed, flooring is required to withstand abrasive wear and soiling to an extent required of no other surface. To reduce the frequency of costly floor replacement and to facilitate soil removal, coating materials have been developed for each type of floor. Such coatings form the basis of all floor maintenance.



Now- FROM AMERICAN STERILIZER!

Ultrasonic **CLEANING OF SURGICAL INSTRUMENTS!**

Providing a wholly new concept in
instrument cleaning, the American
Sterilizer Ultrasonic Cleaner is:

50% more efficient than
mechanical instrument washers;

TEN times faster
than hand scrub-
bing of instru-
ments;

Wholly **safe** for the
most delicate in-
strument or the
keenest "surgical
sharp."



The economies in personnel time are con-
siderable for the medium sized hospital,
compelling for the large hospital. The
advance in instrument cleanliness is beyond
measuring in money.



If your hospital has four
or more operating
rooms, you will want a
copy of the new four-color brochure
which explains Ultrasonics. Ask for
bulletin C-164.



**AMERICAN
STERILIZER**

ERIE • PENNSYLVANIA

In Connecticut They All Work Together to Find a Solution to Nursing Shortage

(Continued From Page 67)
situation although a real solution must wait until the supply is increased when the crop of war babies, who are about to enter schools of nursing, find their way onto hospital floors.

Second, the general public, from which hospital patients come, has learned more about the problem. Pa-

tients are more tolerant when their needs are not served promptly or when they are pressed into service to care for their fellow patients.

Third, nursing is attaining a new stature in the eyes of doctors, hospital administrators and board members. Nurses are learning how to lead, how to inspire confidence, and how to find

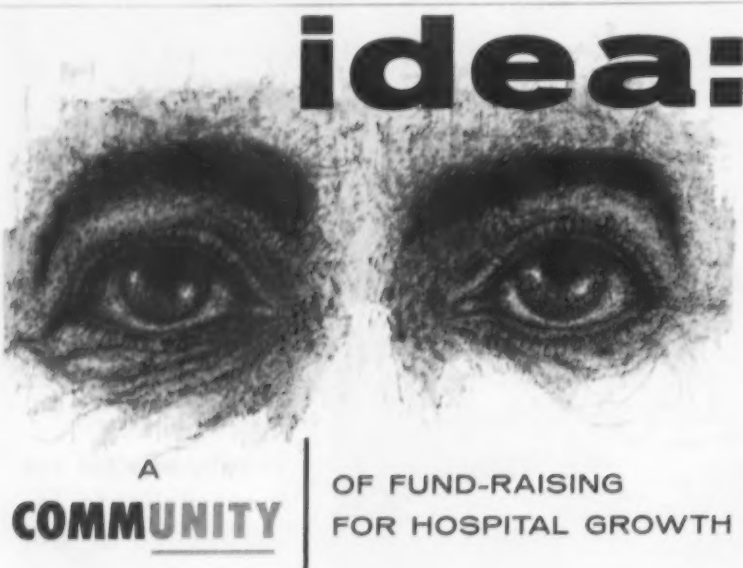
the strength and wisdom to meet the challenges that confront them.

On the negative side, nursing shortages continue to exist, especially in the larger hospitals located in the population centers. As a result some beds are still closed and, in some hospitals, elective surgery must be postponed as long as two months before a bed is available. But the nursing shortage is no longer universal and larger admissions to hospital schools of nursing offer hope that the shortage of nurses will be reduced further in the future.

CONCLUSION

It is Connecticut's belief, of course, that there is no panacea which will at one stroke solve the problem of nursing shortage. The facts seem to indicate that progress can best be made at the regional level when the problem is realistically appraised and when a plan of attack for each facet of the problem is carefully worked out. In many of the hospitals in Connecticut where the problem has not been as acute as in the larger hospitals in population centers, it has been demonstrated that such an approach has solved the nursing shortage. Whether the problem is reimbursement, recruitment, accreditation, experimentation, or standards for licensure or employment, there are many advantages to a regional approach. However, to be effective, a regional approach requires leadership not only from nursing, but also from hospital administration, from hospital trustees, and from practicing physicians.

Staff work has been important in the maintenance of continuity and for a clear appraisal of the problem. Since the Connecticut League for Nursing has lacked the funds to finance a full-time executive director, the executive director of the Connecticut Hospital Association has continued to provide the necessary staff work. Finally, each facet of the problem has been evaluated regularly. The findings and recommendations of each state association—medical, hospital and nursing—as well as of the Joint Committee for the Improvement of the Care of the Patient, have been communicated not only to nurses, physicians, hospital administrators and trustees, but also to the general public from whose ranks come the patients for whose care we are all so vitally concerned. In such an approach, Connecticut earnestly believes that a national commission has no place.



Public response indicates a high regard for the united appeal idea in hospital fund-raising. One campaign for a group of hospitals takes into account the greatest good of the greatest number . . . an impressive commonwealth of protection and truly a practical manner of broadening the scope and geographic range of medical care.

Such fund-raising, under the specialized counseling of American City Bureau, has been highly successful from New York to California, from Minnesota to Texas . . . in groups as small as two hospitals to those of ten or more . . . and for planned goals from \$600,000 to \$17,500,000.

To learn more about how to enlist a wider range of medical, industrial and individual interest in fund-raising that follows the united approach . . . please write for information.



American City Bureau
(ESTABLISHED 1913)

221 North LaSalle Street, Chicago 1, Illinois
470 Fourth Avenue, New York 16, N.Y.

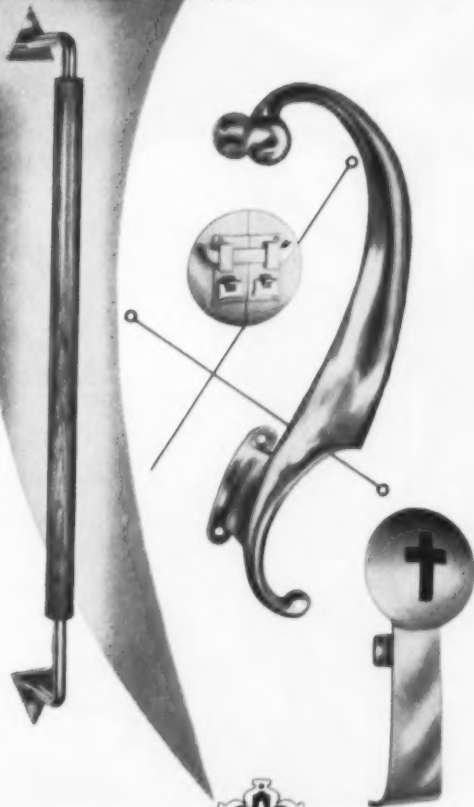
CHARTER MEMBER AMERICAN ASSOCIATION OF FUND-RAISING COUNSEL

Creation plus Cooperation

Cipco has the flexible resources that can accurately interpret your architect's special designs, combining functional construction with beauty and quality that provides the best guarantee for enduring Architectural Hardware.

It is our firm intent to faithfully produce Architectural Hardware that complements any outfit. Shown here are a few of our most recent.

We will be pleased to work with your architect and hardware consultant.



Manufacturers of fine
hardware for over
30 years



CIPCO
CORPORATION

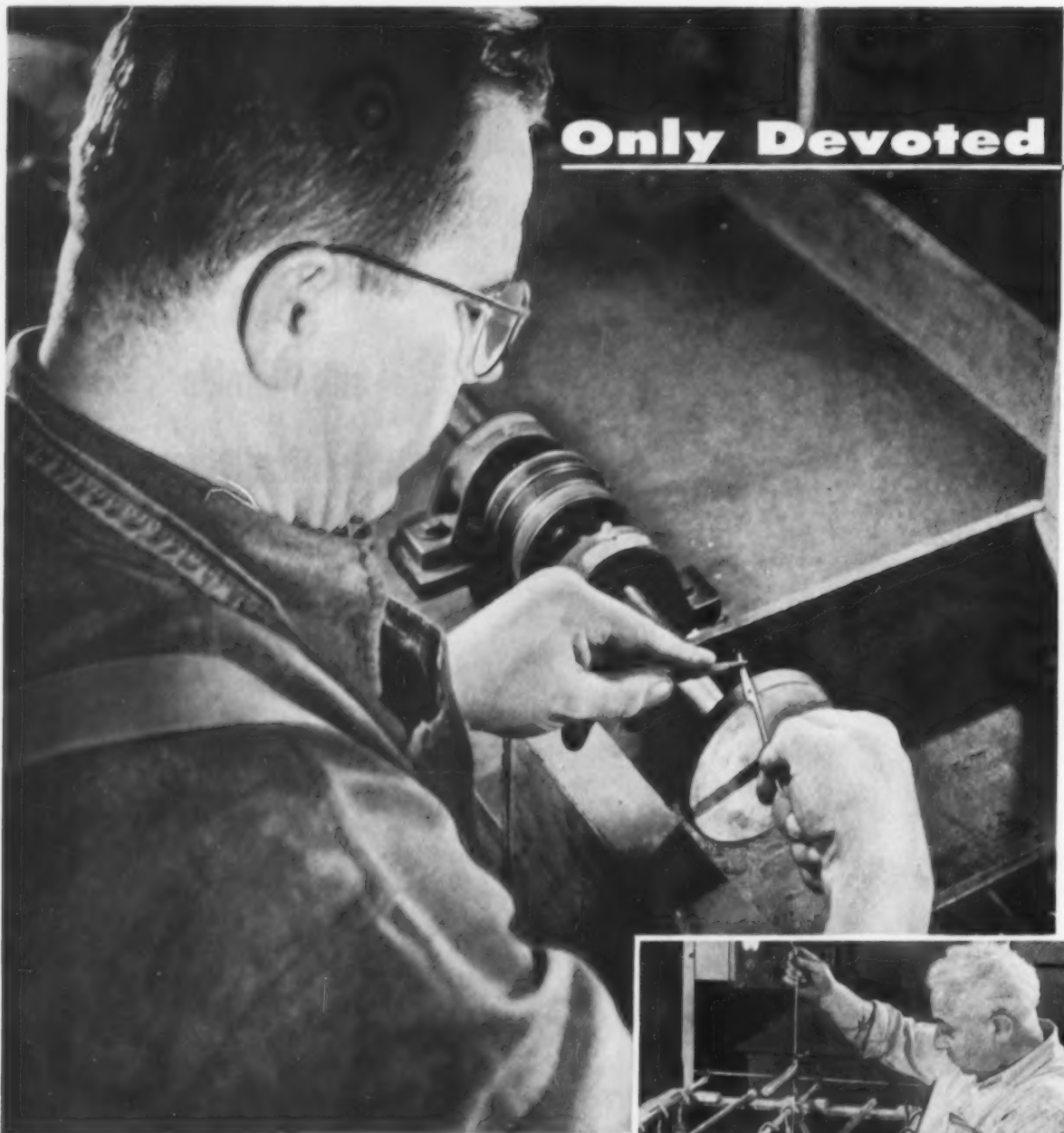
2202 COLE STREET • ST. LOUIS 6, MISSOURI

single
sulfonamide
specifically for
urinary tract
infections

direct / effective
"THIOSULFIL"
Brand of sulfamethizole

*greater solubility
means rapid
action with
minimum side effects*

AYERST LABORATORIES
New York, N. Y. • Montreal, Canada
3632



Only Devoted



Suppliers of more than 15,000 products, hospital-proved for quality, efficiency and economy

NEW YORK • CHICAGO • KANSAS CITY • MINNEAPOLIS • ATLANTA

Craftsmen Should Create and MAINTAIN Fine Instruments!

The craftsmen who create fine Tomac and Chieftain instruments are perfectionists. Every instrument represents their best efforts. Theirs are the deft, skilled hands that provide your staff with the best and most modern of surgical instruments.



These same craftsmen maintain and recreate the original qualities of your instruments when sent to American for reconditioning and repair. Their standards for restoring an instrument are as high as those for creating a new one. More often than not, it is impossible to tell a reconditioned instrument from a new one in its appearance, balance, edge or feel.

Whether you require new instruments or repair service, delivery is fast, sure and dependable. American can provide these premium services without a premium in time or cost, so ask your American Hospital representative for details.



Reconditioning is no assembly line procedure. It calls for the highest standards of individual craftsmanship. Reconditioning begins with complete disassembly and replacing of worn parts. Cutting edges are carefully restored by a sharpening and honing process unequalled anywhere. After reassembly to new instrument standards, the instrument is replated to hold its edge longer and to withstand repeated sterilization.

Final inspection and the last careful dressing with the hone assure the ultimate in quality and precise accuracy... the marks of true craftsmanship.

American Hospital Supply corporation

GENERAL OFFICES • EVANSTON, ILLINOIS

WASHINGTON • DALLAS • LOS ANGELES • SAN FRANCISCO

NEWS DIGEST

Ontario Court Rules Hospital Can Regulate Medical Staff . . . Education Is Primary Function for Approval of Internships, A.M.A. Council States . . . Doctors, Nurses, Therapists Offered Polio Scholarships . . . Hospital Liable in Blood Type Mixup

Ontario Court Rules Hospital Has Right to Select and Regulate Medical Staff

LONDON, ONT. — Trustees of the Victoria Hospital here were within their legal rights when they established hospital by-laws requiring medical staff members to submit their books of account for audit as assurance they are not splitting fees, the Supreme Court of Ontario ruled here last month.

The court found for the hospital in a lawsuit brought by three members of the medical staff who claimed the by-laws constituted an invasion of their rights.

In a letter introduced in evidence during the suit, the executive secretary of the Ontario Medical Association also objected to the hospital by-law dealing with division of fees.

"The executive feels it is highly undesirable to place disciplinary power pertaining to the ethics of a professional group in the hands of a lay board," the letter stated.

The court acknowledged that the plaintiff physicians do not favor fee splitting. "In fact," the court said, "no one was heard by me to say a kind word in favor of the practice. [Plaintiffs'] real objections, their counsel say, are to the terms of the 'Columbus Plan by-law' which gives the board's auditor the right to inspect a medical practitioner's books and the board itself the right 'to deny the privileges of attending patients in and the use of facilities of Victoria Hospital.'"

The Joint Commission on Accreditation of Hospitals requires that membership on the medical staff of an accredited hospital be restricted to physicians and surgeons who are "worthy in character and in matters of professional ethics," and commission standards also prohibit the division of fees, the court pointed out.

"It is, of course, vital to any hospital that it retain its accreditation and this is especially true where the hospital is engaged, in association with one of our foremost universities, in

educating young men and women for membership in the great medical profession," the court said in its opinion.

The board's power to appoint medical staff members according to stated qualifications was upheld by the court. "The proposition that a hospital owned and operated by a hospital board must permit any and every duly qualified medical practitioner to practice in its hospital and admit his patients . . .

(Continued on Page 164)

Chemical Advances Cause Poison Problems, N.J. Hospital Says

LONG BRANCH, N.J.—Advances in chemical technology have brought about in part the increasing number and variety of toxicological problems facing the hospital laboratory, a representative of Monmouth Memorial Hospital's poison control center here said last month.

The hospital advocated an integrated preventive program, including a widespread program of public education, close liaison between the hospital emergency room, and a well equipped and competently staffed hospital laboratory, to reduce "the increasingly appalling death rate" from accidental poisoning of children.

The hospital said that important steps in emergency room procedure were: specimen collecting and the necessity of obtaining the first gastric wash (because it contains the highest concentration of toxic substance); blood specimen taken as early as possible (because "a specimen drawn after prolonged oxygen therapy may give misleading results"); and vomitus because it may contain the toxic substance in relatively concentrated form.

The poison control center is headed by Martin L. Rush, director of laboratories, and works in cooperation with the U.S. Public Health Service.

Oregon Court Rules Jury Can Determine Hospitals' Standing

SALEM, ORE. — The Oregon Supreme Court recently reversed its opinion of last year and ruled that the acts and deeds of a charitable, nonprofit hospital should be examined by a jury to determine whether or not the hospital is in fact charitable.

Last October, the court decided, in the case of *Ackerman vs. Physicians & Surgeons Hospital*, that the jury in trial court proceedings did not have a basis to find that the hospital was not charitable. They upheld the lower court's action in setting aside the verdict of the jury.

At a recent rehearing, the supreme court said that the question of a hospital's charitable standing may be decided by a jury to determine whether the hospital is immune from judgments for damages because of employees' neglect.

James G. Swindells, attorney for the Oregon Association of Hospitals, stated, "This decision does not mean that the immunity rule to charities in Oregon does not still stand, but it is an important decision in that it points out that, if a hospital states that it is charitable and if the plaintiff denies that it is, then the hospital has the burden of proof in asserting such a defense. In effect, the court holds that the mere fact that a hospital is organized under Oregon statutes that are intended to create charitable, nonprofit corporations is not necessarily controlling, and that the acts and deeds and activities of the corporation will be examined to determine whether in truth and in fact it is charitable."

Heads North Carolinians

GREENVILLE, N.C. — C. D. Ward, administrator of Pitt County Memorial Hospital here, has been elected president of the North Carolina Hospital Association. He is also president, Carolinas-Virginias Hospital Conference.



how beautiful new **Cloverlane**
melamine dinnerware

cuts replacement costs well over 50%

New *Cloverlane* is virtually *unbreakable*. It puts an end to costly replacements of broken, cracked, chipped and worn dinnerware.

For *Cloverlane* is an entirely new concept in fine moldedware. It's *beautiful* — contour designed by a famous industrial designer, gleaming smooth in any of five decorator colors. Yet it's specifically made for *mass-feeding*. With these important advantages . . .

Cloverlane is quiet — cuts noise and clatter. It's light-weight for ease of handling. And it stacks better, drains and dries easier — keeps foods hot longer without preheating.

Write for free color brochure.

New LUNCHAMP compartmented tray-plate is ideal for hot lunches. Four deep well sections hold the *entire meal* easily, safely — one well is shaped for carrying a soup bowl, cup or milk carton.

Over-all rounded-design eliminates food-catching corners — assures cleaner washing, easier stacking.



See *Cloverlane* at the American Dietetic Assn. Show at Milwaukee, Oct. 9-11, Booth # 423

Dinnerware Division

CHICAGO MOLDED PRODUCTS CORP.

1015 N. Kelmar Avenue, Chicago 51, Illinois



Polio Foundation Offers Fellowships to Doctors, Nurses and Therapists

NEW YORK.—The National Foundation for Infantile Paralysis has announced it is offering fellowships to doctors, nurses, and physical and occupational therapists who attend short courses on the care of the polio patient. The courses will be of one week to three months' duration, and applicants are expected to attend the course nearest their place of residence if the course is under three months in duration. Maintenance, transportation and tuition, if required, will be paid, the foundation said.

The foundation also stated that it is awarding scholarships in physical therapy and medical social work:

1. Physical therapy—Applicants with a bachelor's degree and required prerequisite courses are eligible for scholarships for both tuition and maintenance to complete their basic physical therapy education at the graduate level or in a certificate course. Applicants who are

candidates for a bachelor's degree are eligible for tuition scholarships in the junior year and tuition plus maintenance in the senior year.

2. Medical social workers—Candidates must have bachelor's degree and preferably one academic year of graduate social work education. A few two-year scholarships are awarded to students entering their first year of graduate study but only when the candidate gives evidence of exceptional aptitude for social work, the foundation added.

Physical therapy travelships are also being offered by the foundation to permit physical therapists "to observe and study outstanding examples of administrative, teaching or clinical service" either in the United States or abroad.

Candidates must be graduates of a school offering an approved curriculum in physical therapy and have at least three years of experience as a physical therapist in a clinical, administrative or teaching position. The travelship, which may not exceed \$2500 for any individual and which includes maintenance and transportation, is for a minimum of one month in the United States or six weeks abroad exclusive of time required for travel.

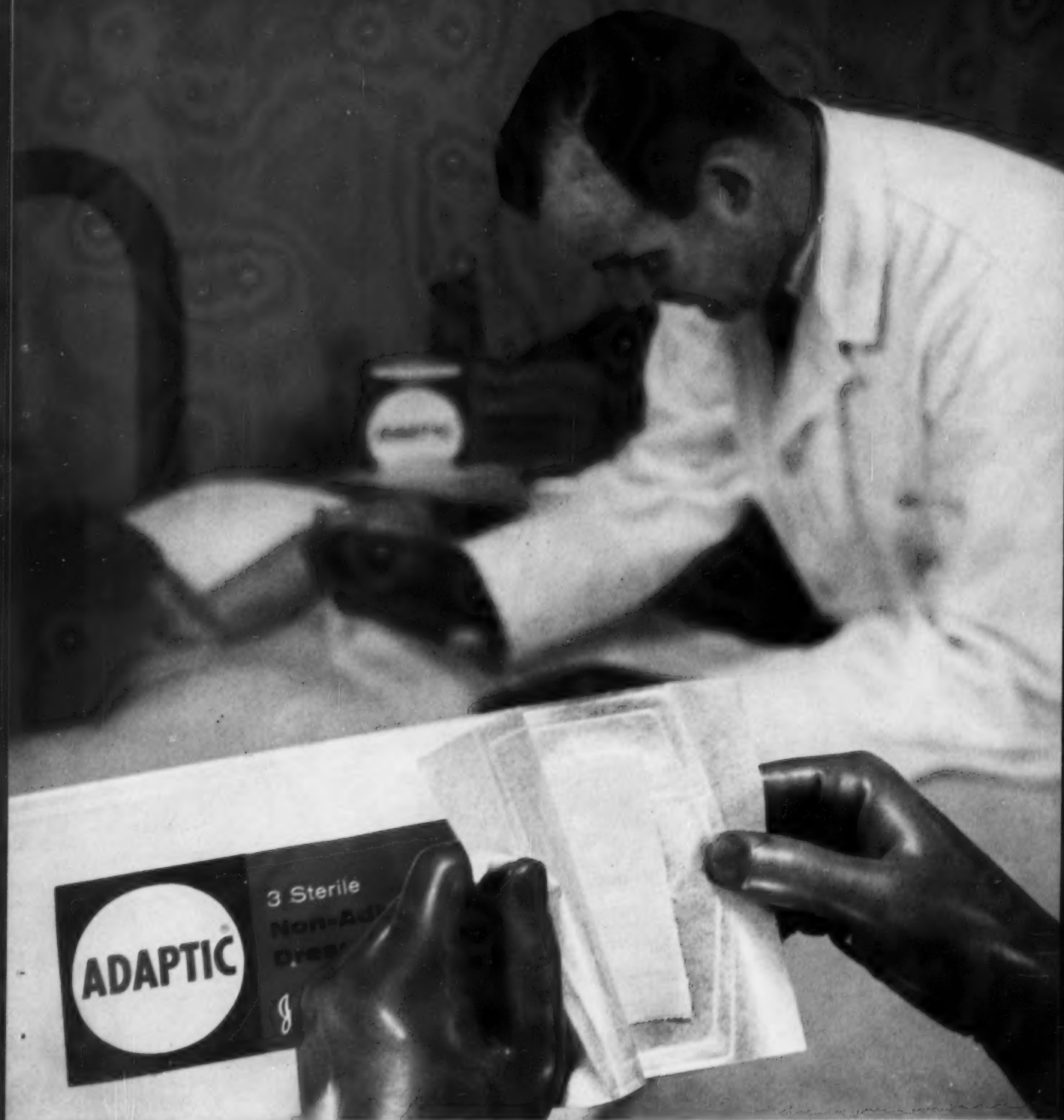
		
		
Masks for medium concentration	Masks for high concentration	Plastic Nasal Cannulae
		
Anatomical Face Cones	Plastic Oxygen Tubing	Oxygen Tent Canopies
		
Hudson Safety Humidifiers	Hudson Safety Jars Pint Mason	Hudson Infant Tents
		
HUDSON Oxygen Therapy Sales Company	2801 Hyperion Avenue Los Angeles	Write for our newest complete catalog

Sees Fast Postoperative Recovery With New Anesthesia Technics

CHICAGO.—Recent advances in anesthesia procedures may allow patients to walk into the hospital, undergo an operation by means of a general anesthetic, and walk out after the drug's effect wears off, Dr. John S. Lundy told the 10th biennial congress of the International College of Surgeons here last month.

Dr. Lundy, professor of anesthesiology at the Mayo Foundation Graduate School of the University of Minnesota, told the 3500 surgeons that the nursing shortage could be eased by this quick postoperative recovery. He anticipated the possible use of general anesthesia in office practice.

Discussing the advancements in anesthesia, he explained, "The advent of the tranquilizing drugs has made it possible to ensure the patient a restful sleep during the night before the operation. He needs such a sleep to be better prepared to tolerate the stress of anesthesia and operation. The control of postoperative pain is better now than ever before."



Sterile **ADAPTIC**[®] Non-Adhering Dressing

Johnson & Johnson

The only non-adhering dressing that is effective on any type of surgical lesion

adopt the complete line
of "pre-wrap" dressings

*Modess Super Pad
for hospitals*

J-D. PAK

PROFUSE DRAINAGE DRESSING

A PRE-PACKAGED DRESSING FOR COLOSTOMIES, RECTOMIES, SUPRA-PUBIC CYSTOSTOMIES, GALL BLADDER OPERATIONS, AS WELL AS OTHER TYPES OF SURGICAL PROCEDURES INVOLVING PROFUSE DRAINAGE.

ALL-ABSORBENT
COMBINE PAD

8" x 7 1/2"

Johnson & Johnson

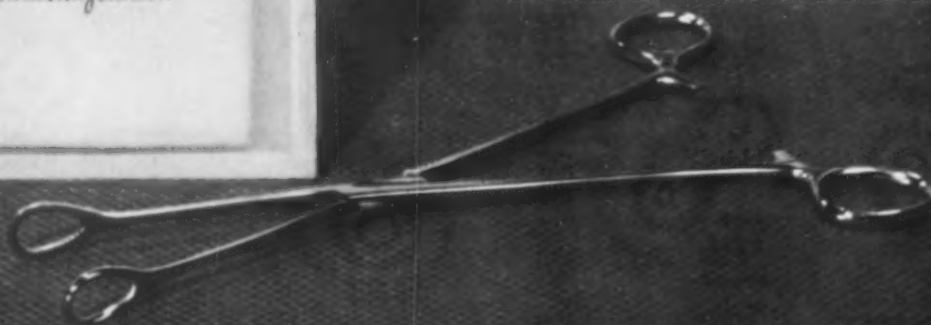
PRE-WRAP
TOPPER SPONGES

Johnson & Johnson

ADAPTIC

3 Sterile
Non-Adherent
Dressings 3 x 8"

Johnson & Johnson



Johnson & Johnson



Instruments are quickly and easily handled by this all-Monel washer-sterilizer installed in surgery at St. Margaret's Hospital. Unit at left is high-speed pressure sterilizer.

All-Monel Wilmot Castle units speed sterilizing at St. Margaret's

Double-wall, all-welded construction permits fast operation

You can't hurry actual sterilizing. But you *can* speed up before and after.

Look, for example, at these two Wilmot Castle Company units. St. Margaret's Hospital in Montgomery, Alabama, put them in when adding a new surgical wing.

Speed work three ways

These units are three ways faster to operate.

First, double-wall, all-welded Monel® nickel-copper alloy construction permits fast, even heating and rapid cooling.

Second, locking bars of Castle Dualback Safety Doors are geared for fast locking and unlocking behind the lip of the Monel end ring.

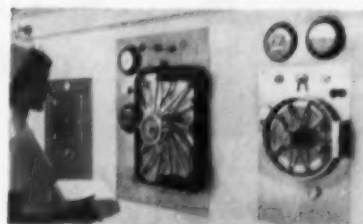
Third, filing-type Monel trays (washer-sterilizer at right) are quick and easy to load, change and clean.

Monel construction throughout goes a long way in assuring the trouble-free operation of these Castle units. This is because Monel alloy resists every type of hospital corrosive including cleaning solutions. Heat and pressure don't faze it. It can be expected to give years of reliable service.

When you modernize look into the Wilmot Castle line of all-Monel, all-welded sterilizers. And call on Castle's Hospital Planning Department for recommended sterilizing lay-outs.

*Registered Trademark

The International Nickel Company, Inc.
67 Wall Street New York 5, N. Y.



Central Supply equipped for speed, too. Here's the efficient set-up in Central Supply . . . a dressing sterilizer (right), a 24x36x48-inch bulk sterilizer (center), a hot-air unit (left). On patients' floors, the same high-speed pressure models used in "surgery" were installed.



NICKEL ALLOYS

Monel...for low maintenance sterilizers

New York Court Holds Hospital Liable for Blood Type Mixup

NEW YORK.—The New York State Court of Appeals, reversing a ruling of the Appellate Division, First Department, and reinstating a decision of the supreme court where the case was tried, held a hospital liable for the negligence of a laboratory technician who mistakenly reported a patient's blood type prior to transfusion.

The court, which ruled on the case of *Berg vs. New York Society for the Relief of the Ruptured and Crippled*,

concluded that a hospital is liable for the errors of a technician irrespective of whether the act is medical or administrative because of the lack of professional status of the technician.

The supreme court had ruled that the negligence of the technician was an "administrative" rather than a "medical" act within the meaning that those terms have acquired in the context of fixing liability for injuries to hospital patients.

The woman patient was awarded a judgment of \$17,702.25 and her husband, \$2500.

Medical Educators Deplore Influx of Foreign Physicians

NEW YORK.—Because of the present inadequate supply of U.S. physicians needed to staff our hospitals, some large hospitals are sending their administrators to Europe each year to recruit interns for the next year, Dr. Howard A. Rusk reported in a *New York Times* feature recently. Other hospitals advertise in European medical journals regularly, mostly in Great Britain, Germany, the Netherlands and the Scandinavian countries.

Dr. Rusk also said that 26.2 per cent of the 22,120 "house staff" physicians in approved hospitals last year were graduates of medical schools not in the United States. During the current year, he said, the percentage is even higher.

Dr. Willard C. Rappleye, dean of the faculty of medicine, Columbia University, last month called this foreign recruitment "reminiscent of the diploma-mill era of 50 years ago." He continued, "At a time when the American medical schools are struggling to maintain high standards, the country is welcoming doctors from every part of the world. Many are excellent individuals with good personal and intellectual qualifications but most of them have had no opportunity in their native lands to acquire a professional education that could be regarded as satisfactory."

In New York, Ohio, and Illinois, aliens make up 30 per cent of all house staff physicians, Dr. Rusk stated.

He cited two reasons for the current influx:

"Prior to World War II, large numbers of physicians from all over the world, including the United States, went to the great medical centers of Europe, such as Berlin and Vienna, for their graduate training. The Hitler regime in Germany and Austria and World War II, combined with the tremendous advances in medical education and research in the United States, have reversed this trend. The United States is now the leading nation medically."

The second reason, he said, was that "in some instances numbers of physicians from a particular country have resulted from the special interest of our own government and voluntary organizations in providing technical assistance to that nation."

(Continued on Page 158)



Now TOGGLE CLAMPS on the Zimmer 640 A Octagon Aluminum Frame

- Easier to fasten frame to bed
- Frame can be set up quicker
- Less time to dismantle frame
- Fits all type beds

For hand operated Hi Lo bed use 639-1 clamp

ZIMMER MANUFACTURING CO. WARSAW, IND.

Zimmer

Look for the trademark 

In Canada Available through selected surgical supply dealers or through our Agents, Fisher & Burpe, Ltd.

Upjohn

diarrhea...

Each fluidounce contains:

Kaolin 90 grs.

Pectin 2 grs.

in an aromatized and carminative vehicle

Available in bottles of 6 and 10 fluidounces and 1 gallon

THE UPJOHN COMPANY, KALAMAZOO, MICHIGAN

Kaopectate
Trademark Reg. U.S. Pat. Off.



Real patient comfort is individual room comfort

HONEYWELL'S BEDSIDE



TEMPERATURE CONTROL



- Individual room comfort for patients
- Timesaver for busy nurses
- Tamper-proof cover locked in place

Honeywell Thermostat on wall of each room provides better therapy, more comfort for your patients, saves steps for busy nurses

HONEYWELL *Bedside Temperature Control* gives your patients fingertip adjustment of their own personal comfort. It frees your nurses from "chambermaid chores" such as opening and closing windows, carrying blankets from the storeroom, and refilling hot-water bottles.

Bedside Temperature Control also provides a saving in fuel costs by eliminating heating waste. It allows physicians and surgeons to "prescribe" exact room temperatures to help speed patient recovery.

The beautiful new Honeywell Round Thermostat is mounted for easy access by the patient. In 2-bed rooms it is mounted between the beds where temperature can be adjusted by either patient.

Specify Honeywell *Bedside Temperature Control* for your new hospital or addition. Also available for your existing bedrooms at costs as low as \$87.50 per room*. No tearing out of walls or redecorating is necessary. For more information, call your local Honeywell office now. Or write Honeywell, Dept. MH-10-68, 2727 4th Ave. South, Minneapolis 8, Minnesota.

*Average installed price for room with one radiator

MINNEAPOLIS
Honeywell

Hospital Room Temperature Controls



112 offices across the nation

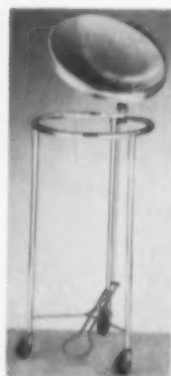
The Swing is to BREWER CHROME



More and more budgetwise buyers specify Brewer Chrome-plated hospital and surgical equipment. They get quality, beauty, ruggedness, easy-maintenance at a fraction of the cost of stainless steel or aluminum. Brewer Chrome (using stainless only where really needed, for exposure to high temperatures or acids) offers a wonderful new concept of economy with no loss of beauty or utility. It's a complete line. For details contact your hospital supply dealer today.



No. 1322 TOE-TIP CONTROL LINEN HAMPER. Provides much-needed facility at reasonable cost. Designed at request of a leading hospital.



No. 1490 CHROME COMMODE: Beautiful chrome plate with white enamel wooden seat and removable container.



No. 1470 OVERBED TABLE: Designed for rough usage. Ideal where both beauty and function count. Adjustable. Fireproof. Alcohol proof top.

★ AVAILABLE FROM YOUR
HOSPITAL SUPPLY DEALER

MFD. By E. F. BREWER CO. • Butler, Wis.

Dean Rappleye's report, pointing out that most of the foreigners will be graduates of unapproved medical schools, said, "In many sections of the country there are now two classes of citizens as far as medical services are concerned: those who are to be cared for by physicians who have had a satisfactory preparation for medical practice, and those whose medical care will be provided for by physicians who are graduates of substandard schools. The situation today is reminiscent of the diploma-mill era of 50 years ago."

He said he believed that "the real hope of the situation in the long run is the production of sufficient numbers of scientists whose qualifications and support ensure the maintenance of American superiority and leadership in the advancement of knowledge and the safety of the nation . . . which can be accomplished, however, through the effective maintenance of educational institutions and professions. . . ."

Labor Relations Act Excludes Hospitals, State Court Rules

HARRISBURG, PA. — An appeal by the Pennsylvania Nurses Association and a nurse was turned down recently by the Pennsylvania Supreme Court, which held that a hospital association running a nonprofit, charitable hospital cannot be considered an employer under the Pennsylvania Labor Relations Act, and thus had the right to fire a nurse participating in activities to achieve collective bargaining in the association.

The court, in affirming the action of the board which dismissed the charge, stated, "The Labor Relations Board heard testimony from which it found that the Mid-Valley Hospital Association conducts a nonprofit charitable hospital supported in large part by private donations and an annual appropriation by the Commonwealth. Accordingly, it was held that the association was not an employer nor Mrs. Colley [the nurse] an employee within the meaning of the Pennsylvania Labor Relations Act and that the controversy regarding the discharge of Mrs. Colley was not a labor dispute within the meaning of the Act."

The court cited other cases, such as *Western Pennsylvania Hospital v. Lichter*, holding that "the Pennsylvania Labor Relations Act does not confer upon the Pennsylvania Labor Relations Board any jurisdiction over



satisfactory
to surgeon
and budget

The surgical staff's most exacting demands are satisfied by the keener edge, better balance and greater weight of Crescent Blades.

The budget benefits by savings of up to one-third made possible by Crescent Blades.

TRY before you BUY.
Send for free sample.

Crescent Surgical Sales Co., Inc.
48-41 Van Dam Street
Long Island City, New York


Crescent
surgical blades and handles



CONFIDENCE

earned through experience

Confidence ripens slowly—whether it's a patient's faith in her doctor, or a doctor's esteem for the instruments of his profession. For example, over the years Ilford X-ray film has earned the complete confidence of radiologists everywhere. *High speed* that reduces risk of involuntary movement on the part of the subject and sharpens detail; *gradation* that unfailingly produces a wide range of opacities with correct contrast; *fineness of grain* and greater *reproducibility* . . . these qualities are products of exacting research and highest technical standards respected the world over. Ilford X-ray materials are available now in the U.S.A. Contact your regular source of supply, or write to the address below.

Ilford Red Seal X-ray Film • Ilfex (non-screen film) • Ilford Intensifying Screens

ILFORD

Red Seal & Ilfex

X-Ray Films

Made in England by ILFORD LIMITED, your source in U. S. A. is ILFORD INC., 37 West 65th Street, New York 23, New York.
Your source in Canada is W. E. Booth Co. Limited, 12 Mercer Street, Toronto 2B, distributors for Ilford Limited.

All WRINGERS ARE NOT ALIKE...

... the reason why maintenance men prefer



Geerpres
Mop Wringers

- Splash-proof wringing action squeezes mops dry in one fast motion... powerful gears do all the work... save you labor time.
- Corrosion-resistant electroplated finish assures many years' service.
- Rolls effortlessly on rubber casters... no lifting necessary.
- Mops last longer, without tearing, twisting.

"FLOOR-KING"
Twin Outfit
for 24 to 36 oz. mops

Write now for illustrated
new catalog or see
your jobber.

GEERPRES WRINGER, INC.

P. O. BOX 658

MUSKEGON, MICHIGAN



Spiral Type

POTTER Slide Fire Escapes

Do provide a safe and quick means of exit in an emergency. This has been proven in 30 instances in which they have been successfully used under actual fire conditions.

Adaptable to all types of occupancy and for installation on the interior as well as the exterior.

Return the coupon below for information and a representative if desired.



Tubular Type

Tested and Listed as Standard by Underwriters' Laboratories, Inc.

POTTER FIRE ESCAPE COMPANY, CHICAGO 45, ILL.

- ☐ Mail copy of new catalog.
☐ Have fire escape engineer call with no obligation.

Submit estimate and details on.....escapes.

Signed.....

Address.....

City.....

a labor dispute between a charitable nonprofit hospital and its employees... as such hospitals, being nonprofit corporations not engaged in industry, commerce, trade, business or production, are not within the intendment of the purpose and scope of the Pennsylvania Labor Relations Act."

In the Salvation Army case, also cited, it had been held that "the Act related exclusively to industrial disputes and not to nonprofit, charitable organizations."

Consulting Firm Set Up to Serve Institutions

GARDEN CITY, N.Y.—John G. Steinle, former principal in the New York management consulting firm of Cresap, McCormick and



John G. Steinle

Paget, has announced the establishment of a consulting firm here to serve the institutional field. The firm, John G. Steinle and Associates, will specialize in giving comprehensive counsel on management problems to new and existing hospitals, as well as universities and nonprofit associations and agencies. A Chicago office also will be established. Mr. Steinle served as hospital program director for the U.S. Public Health Service before joining Cresap, McCormick and Paget.

Administrator Refuses to Pay Back Overcharges, Fired by Hospital Board

PHILADELPHIA, MISS.—The administrator of Neshoba County Hospital here, Lamar Salter, was dismissed by the board of trustees of the hospital recently after he refused to issue a check to the state of Mississippi to pay for alleged overcharges to charity patients.

Boyd Golding, state auditor, is attempting to recover approximately \$16,000 which he claims was misspent. The board agreed to pay the state \$9414.78 which it said represents the amount owed to the State Hospital Commission for the overcharges.

Mr. Salter, refusing to issue the check, was dismissed by a 4 to 1 vote. The suit, brought by the state against the trustees and administrator, was due to come up in the court term that began last month.



Hill-Rom No. 42 and 43 Special Therapy Beds



No. 42 SPECIAL THERAPY BED. Head and footboard panels are wood, with stainless steel protective strips. Both ends removable.



No. 43 SPECIAL THERAPY BED. Head and footboard panels are heavy gauge—but light weight—aluminum. Both ends removable.

• New uses are constantly being found for these versatile beds. In the treatment of severe accidental injury cases the bed may be converted to an emergency treatment table. Transfer of the patient to the X-Ray department or operating room may be effected quickly and safely.

To eliminate unnecessary moving of eye patients the bed may serve as an operating table—the patient remaining in the bed for post-operative care and treatment. The beds are also ideally suited for use with severe cardiac cases, and in the treatment room of psychiatric departments.

Both beds are equipped with No. 25-1 Trendelenburg springs, telescoping sideguards of aluminum, two wheels with brakes, and swivelocks. Fracture equipment can be mounted on the beds, and there are six positions for the Irrigator Rod. Two all-purpose racks are under the spring. Width of bed 33", length 86".

For further details on these multi-purpose beds write for Procedure Manual No. 2, written by Alice Price, R.N., M.A., Nurse Consultant for Hill-Rom Co. and author of "The Art, Science and Spirit of Nursing."

HILL-ROM COMPANY, INC. • BATESVILLE, INDIANA



Hill-Rom Electric Hilow Bed
Now . . . Listed by



for use
with
OXYGEN

Modernize your hospital—reduce
bed fall accidents—by installing
HILL-ROM Hilow Beds



Crank-operated Hilow Bed

The high-low bed is widely accepted today as the mark of a modern hospital, and as one of the greatest safety factors in the prevention of bed fall accidents. A high-low bed, in the low position, will prevent many such accidents. Hill-Rom manufactures two high-low beds. One is manually operated, the other motor driven. The manually operated bed is easily adjusted with a crank located at the foot end of the bed. The friction-free, ball-bearing mechanism makes it easy for the nurse to raise the bed with only a few turns of the crank. The Hill-Rom Electric Hilow Bed is the first bed of its type to be approved by Underwriters' Laboratories, Inc., for use with oxygen. It is the last word in safety, dependability and long life expectancy.

Complete information on either or both of these high-low beds will be sent on request.



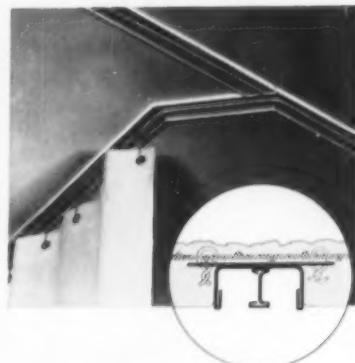
Safety Sides—A New Safety Measure

by Alice L. Price, R. N., M. A.

author of "The Art, Science and Spirit of Nursing"

This Procedure Manual explains in detail how to effectively use Safety Sides to prevent bed falls and to avoid serious injury to patients. Copies for Student Nurses and for the Graduate Nurse Staff will be sent on request.

**NOW . . . for
New Construction
and
Remodeling Jobs**



**HILL-ROM
Recessed-in-Ceiling
Screening**

- No Rod Supports
- No Wall Brackets
- Exclusive I-Beam Track

Hill-Rom recessed-in-ceiling Perfected Screening provides for insertion of the track directly into the ceiling, leaving no exposed fixtures or projections. Designed primarily for use in new construction, or when remodeling is being done. The track is wired directly to the metal lath and stringers—before plastering. Plaster is applied flush with the track. Channel and track may be painted to match ceiling finish, making an installation that is hardly noticeable. This type of screening can also be used with accoustical tile applications.

STANDARD CURTAINS

By using the standard Hill-Rom screening unit (either type) one-size curtains are used throughout the building. This eliminates confusion when replacing curtains after laundering. Hill-Rom curtains are made of pre-shrunk, vat-dyed Cordette material, in 16' width, length determined by ceiling height. The rollers are made of machined nylon, insuring quiet operation. Rollers and curtain hooks are assembled in one unit.

HILL-ROM COMPANY, INC. • BATESVILLE, INDIANA

FLEX-STRAW

best from every angle

...efficiency, safety, plus economy!



COMFORT AND
SAFETY FOR
THE PATIENT

FLEX-STRAW

*bends to any angle
for use in hot and cold liquids
disposable...paper based
safe...sanitary*

original cost the only cost

refer to
HOSPITAL PURCHASING FILE
for listing and prices

CANADIAN DISTRIBUTORS
INGRAM & BELL LTD.
HEADQUARTERS: TORONTO

FLEX-STRAW

PATENTED

santa monica, california

*packed 500 to box • 20 boxes to case of 10,000
unwrapped or individually wrapped*

FLEX-STRAW CO
2040 BROADWAY
SANTA MONICA, CALIF.

please send samples and literature.

DEPT MM

Name

Hospital

Address

City

State

Educational Purpose Necessary for Approval of Internships, Medical Education Council Says

CHICAGO. — Hospitals are in danger of losing their internship approval if education of the intern is not the primary function of the internship program, the Council on Medical Education and Hospitals of the American Medical Association declared in the annual report on medical education in the United States and Canada, published here last month.

The council also reaffirmed its belief that the best basic education is

provided by a well organized and properly conducted rotating internship, as against the straight internship in one clinical department.

In an explanation of the "one-fourth rule" for internships, the council said the number of interns on duty in hospitals on Sept. 1, 1956, will be used as the basis for computing the percentage of the intern quota that has been filled.

Application of the "one-fourth rule"

will begin in January 1958, the council explained. Any approved hospital that does not fill one-fourth of its intern quota for the two successive years 1956-1957 and 1957-1958 may have its internship approval withdrawn at that time, the report said.

The following interpretation of the "one-fourth rule" was included in the council's report:

1. All interns may be considered in the computation of quota percentage filled. This includes graduates of foreign medical schools as well as American graduates.

2. The quota published in the 1955 Internship and Residency Number of the *A.M.A. Journal* and the number of interns on duty on Sept. 1, 1956, will furnish the basis for computing the percentage of quota filled for the first year. Similar statistics will furnish the basis for computation in succeeding years.

3. If an approved hospital fails to meet the requirements of the "one-fourth rule," a warning will be issued to the hospital the first year. If it does not fill the required percentage for two successive years, approval may be withdrawn.

4. Intern quotas may be revised on approval following written request to the council.

"In the revised 'Essentials of an Approved Internship' as adopted by the House of Delegates at the clinical session in November 1955, it is specifically pointed out that if the education of the intern is not the primary function of the internship, the hospital is in danger of having its approval removed," the report said.

The report referred to resolutions introduced in the A.M.A. House of Delegates this year demanding that all straight internships be abolished in favor of rotating internships.

"The majority of the programs offering straight services for interns occur in hospitals affiliated with medical schools," the report said.

The report then cited resolutions approved by the House of Delegates affirming the policy that "the best general, basic education is provided by a well organized and properly conducted rotating internship."

The problem of the straight internship is not one that can be solved easily, the report concluded. "It requires careful study and analysis over a period of time by medical educators, the professional staffs of hospitals, and hospital administrators."



CUSTOM-BILT BY SOUTHERN

Food service equipment designed, engineered, fabricated and installed in any type operation, expertly fitted to available space. You can depend on thorough cooperation by your Southern Dealer, from initial analysis of your food service problems through complete installation and reliable maintenance for the years to come. Get expert help with your next kitchen equipment problem or layout—call your "Custom-Bilt by Southern" dealer, or write Southern Equipment Company, 4550 Gustine Ave., St. Louis 16, Missouri.

S

nSf

SOUTHERN

EQUIPMENT COMPANY

"CUSTOM-BILT BY SOUTHERN" DEALERS: ALABAMA, BIRMINGHAM—Vulcan Equip. & Supply Co.; MOBILE—Mobile Fixture Co. ARKANSAS, LITTLE ROCK—Krebs Bros. Supply Co. COLORADO, DENVER—Carlson Hotel Supply. FLORIDA, DAYTONA BEACH—Ward Morgan Co.; JACKSONVILLE—W. H. Morgan Co.; MIAMI—J. Conkle, Inc.; ORLANDO—Turner-Naack Co.; TAMPA—Food Service Equip. & Engr. Corp. ILLINOIS, PEORIA—Hertzfel's Equip. Co. INDIANA, EVANSVILLE—Weber Equip. Co.; INDIANAPOLIS, MARION—National China & Equip. Corp. IOWA, DES MOINES—Bolton & Hay. KANSAS, WICHITA—Arnholz Coffee & Supply Co. KENTUCKY, LEXINGTON—Heilbron-Matthews Co. LOUISIANA, NEW ORLEANS—J. S. Waterman Co., Inc.; SHREVEPORT—Buckelaw Hdw. Co. MICHIGAN, BAY CITY—Kirchman Bros. Co.; DETROIT—A. J. Marshall Co. MINNESOTA, MINNEAPOLIS—Aslesen Co. MISSOURI, KANSAS CITY—Greenwood's Inc. MONTANA, BILLINGS—Northwest Fixture Co. NEBRASKA, OMAHA—Buller Fixture Co. NORTH CAROLINA, ASHEVILLE—Asheville Showcase & Fixture Co. NORTH DAKOTA, FARGO—Fargo Food & Equip. Co. OHIO, CINCINNATI—H. Lauber & Co.; CLEVELAND—S. S. Kemp Co.; COLUMBUS—General Hotel Supply; TOLEDO—Rowland Equip. Co.; YOUNGSTOWN—W. C. Zebel Co. OKLAHOMA, TULSA—Goodner Van Co. PENNSYLVANIA, ERIE—A. F. Schultz Co. SOUTH CAROLINA, GREENVILLE—Food Equipment Co. TENNESSEE, CHATTANOOGA—Mountain City Stove Co.; KNOXVILLE—E. Carleton Scruggs; MEMPHIS—House-Bond Co.; NASHVILLE—McKay-Cameron Co. TEXAS, AMARILLO—Arnholz Coffee & Supply Co.; CORPUS CHRISTI—Southwestern Hotel Supply, Inc.; EL PASO—El Paso Hotel Supply Co.; SAN ANTONIO—Southwestern Hotel Supply, Inc. UTAH, SALT LAKE CITY—Restaurant & Store Equip. Co. VIRGINIA, RICHMOND—Ezekiel & Weiland Co. WEST VIRGINIA, CLARKSBURG—Parson-Souders Co. WISCONSIN, MILWAUKEE—S. J. Casper Co.

Now...serve more milk at less cost with the all-NEW
Norris SUPER MANHATTAN DISPENSERS



14 GREAT NEW FEATURES

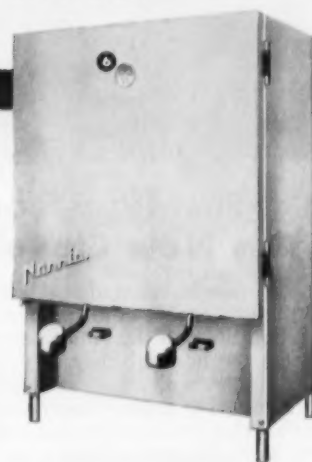
- 1 NEW, SIMPLIFIED 2-PIECE VALVE for easiest possible cleaning. Keeps milk ice cold.
- 2 NEW REFRIGERATION UNIT—simpler, quieter.
- 3 NEW, HEAVIER DOOR—added insulation.
- 4 NEW VINYL DOOR GASKET—fits tighter, cleans easier.
- 5 ROUND-CORNERED INTERIOR—a breeze to clean.
- 6 INSIDE TEMPERATURE INDICATOR ON DOOR.
- 7 NEW APRON—round-cornered, no cracks or crevices.
- 8 NEW DRINKING GLASS GUIDE—for spill-proof filling.
- 9 NEW SHUTOFF PLATE—even air cannot reach the tube.
- 10 NEW TEMPERATURE KNOB on side of cabinet, for finger-tip control.
- 11 ADDED SPACE INSIDE for easier loading.
- 12 REFRIGERATION COMPARTMENT COMPLETELY SCREENED.
- 13 EASY ACCESS TO COOLING UNIT by removing rear chimney.
- 14 FRONT LEGS ADJUST, front or back, to fit any counter.

It's a new kind of milk dispenser...

as different from early models as day is from night. And there's a Super Manhattan exactly right for your needs—1, 2, and 3-valve models, capacities 5 to 15 gallons.

Every "extra" you ever hoped for is yours in the Super Manhattan. Delivers milk colder and tastier. Stays spotlessly clean, inside and out, with less work. Gives you precise temperature control at your fingertips . . . and milk stays colder from top to bottom.

Want detailed specifications and prices? Write us today: Norris Dispensers, Inc., 2720 Lyndale Ave. South, Minneapolis 8, Minnesota. Dept. MH-106



SPARKLING BEAUTY of design, materials and craftsmanship make the Super Manhattan a powerful new merchandiser of milk. Stainless steel cabinet, all exterior hardware heavy chrome plated.



Norris

MILK DISPENSERS

2720 Lyndale Ave. So., Minneapolis 8, Minnesota

AIR-BORNE DRUGS



Make Fast Time From the Pharmacy At This New Cleveland Hospital

At the new building of St. Alexis Hospital in Cleveland, Ohio, a 21-station Lamson Automatic Airtube® System speeds communication through the entire nine-story structure.

From the hospital Pharmacy, hundreds of Airtube trips are made per week with drugs and medicine. In the Central Supply department, 268 items — instruments, bandages, dressings and similar articles — make a typical Airtube day. Blood samples, diet orders, X-ray pictures — there's no end to the baggage you can send by Airtube Express. And of course carrying anything *written* — such as patients' records — is the Airtube's particular job.

Your hospital, too, will benefit from the speedy, reliable operation of a Lamson Automatic Airtube System. Just dial the number of the station to which the Lamson carrier is being sent and the carrier will automatically select the right way to it. Moderate initial expense and very low maintenance costs add to the attractiveness of Lamson installations. And less messenger work for orderlies, nurses and doctors means more time and energy devoted to patients' needs.

Valuable Information! Clip to Your Letterhead



LAMSON CORPORATION
4350 Lamson Street, Syracuse, New York
Plants in Syracuse and San Francisco
Offices in Principal Cities

Please send me these bulletins

- ☐ Airtube on Target
- ☐ Automatic Airtube System

4350

Court Rules in Hospital's Favor on Staff Dispute

(Continued From Page 150)

into the hospital for treatments there by him is not founded on any sound principle that I have been able to discover," said the court.

"It would endanger the control and management of the hospital by the board and . . . it is for the well-being of the patients and not for the benefit of doctors that the hospital is maintained. Full control of the hospital . . . must surely include control over who may practice medicine and surgery in the hospital."

WITHIN BOARD'S POWERS

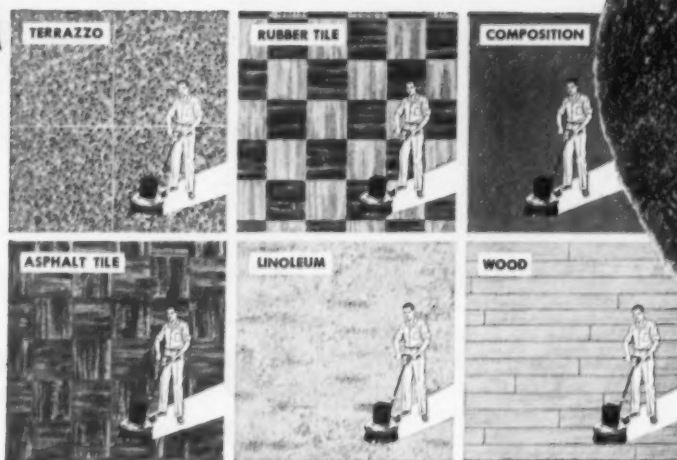
The Columbus Plan by-law is thus within the board's powers, the court concluded.

"The board has not prohibited anyone from practicing his profession in Victoria Hospital so far as I am aware," the opinion said. "When it does, if ever, the legality of that action can be tested then. What it has done by the Columbus Plan by-law is say in effect to all members and prospective members of its medical staff:

"You will be entitled to the privilege of using the hospital but the privilege is subject to conditions: First, you must not split or divide fees, and, second, you must permit our auditor to inspect your books so that we may make reasonably sure that you do not. Unless you agree to be bound by these conditions, you cannot be a member of our medical staff and you must forego such privileges and uses of the hospital as membership in that staff entails."

"That is a positive action on the part of the board, certainly, but it is regulatory, not prohibitive. Unless the board can speak in that manner to the members of its medical staff, it cannot govern, manage and control the hospital entrusted to its care, in my opinion. Nothing was to be gained by simply enacting a by-law declaring that the board considered the practice of fee-splitting in any guise unethical. It must have felt that the new by-law needed to have teeth in it. The members of the medical staff had to be disciplined where necessary, or the evil could not be combated. After all, and this fact must be emphasized, no one was, or is, required to seek appointment to the medical staff of Victoria Hospital."

**You clean any type flooring
faster—better—more economically
with
BRILLO FLOOR PADS**



Brillo Floor Pads give extra-long service. After using, simply shake out the pad, reverse and use again

YOU GET CLEANER FLOORS with a longer lasting gloss at lower maintenance cost when you use Brillo Solid Disc Steel Wool Floor Pads.

Solid Disc Gives Greater Coverage! With a Brillo Floor Pad the entire surface of the pad works for you—cleans *all* the floor it covers... saves time. Cleans and buffs at one time... saves labor. You get cleaner floors with less swirl marks.

Lasting sparkle for your floors! Brillo Floor Pads speed the waxing process—bring out floor

beauty quickly—because cross-stranded Brillo metal fibers give gentle abrasive action in every direction. A daily once-over with a dry Brillo Floor Pad easily removes dirt, grime, scuff marks—makes original waxing last much longer—avoids wax build-up—eliminates frequent stripping and re-waxing.

Efficient... easy to use! Simply place pad under brush of rotary floor machine. Operate as usual. Brillo Floor Pad stays in place... does not buckle... machine does not bounce. Sizes for every machine. All grades for every job.

**Brillo Pads clean and polish
Hardwood, Linoleum, Asphalt and
Rubber Tile, Terrazzo, Composition**

Available from your dealer in all grades and all sizes from 8" to 22" diameter

- **To remove ingrained dirt, paint, varnish with liquid remover—Grade No. 3**
- **To remove old wax, excess seal—to prepare floors for waxing—Grade No. 2**
- **To apply and burnish wax or seal on floor surface—Grade No. 1**
- **For daily removal of dirt, excess wax, and to buff high polish—Grade No. 0**

BRILLO SOLID DISC STEEL WOOL
FLOOR PADS

BRILLO MANUFACTURING COMPANY, INC. • 60 John Street, Brooklyn 1, N. Y.

5 REASONS FOR BUYING L. L. INTERS

L/L INTERS assure perfect interchangeability.

L/L INTERS provide uniform compression from tip to top, prevent back flow.

L/L INTERS satin-smooth grind eliminates high-spots, prolongs syringe life.

L/L INTERS are guaranteed against breakage during sterilization, fading scales or loss of locks.

L/L INTERS are priced to please:

	LUER-LOCK OR ALL GLASS	METAL TIPS
2 cc. •	\$16.80 doz.	\$19.60 doz.
5 cc. •	24.00 doz.	27.00 doz.
10 cc. •	30.00 doz.	33.00 doz.
20 cc. •	39.00 doz.	42.00 doz.

Less Hospital Discount

For those who prefer Non-Interchangeables, Lurline offers quality syringes at a budget price.

LURLINE PRODUCTS COMPANY

Woodmere, L.I., N.Y.
Distributed in Canada by
The J. F. Hartz Company

Mental Commission Announces Survey of Nation's Problems

CAMBRIDGE, MASS. — Several thousand Americans will be asked to "tell their troubles" to the Joint Commission on Mental Illness and Health as part of the commission's three-year study of America's mental health needs and resources.

The nationwide survey was announced here by Dr. Jack Ewalt, director of the commission. The survey research center of the University of Michigan will make the survey.

Dr. Morris S. Schwartz, social science consultant at St. Elizabeth Hospital, Washington, D.C., has been appointed head of a work group studying what happens to the mentally ill in hospitals—general, private and public.

Another group studying research efforts in mental health has as its head Dr. William F. Soskin, now on leave from the University of Chicago, where he is assistant professor of psychology.

Dr. Ewalt said, "How many persons feel troubled or in trouble, what they conceive to be their troubles, and how they cope with them should be answerable questions. These questions need answering if we are to know fully the extent of the nation's mental health problem and the informal and unofficial as well as the formal and official resources of the community."

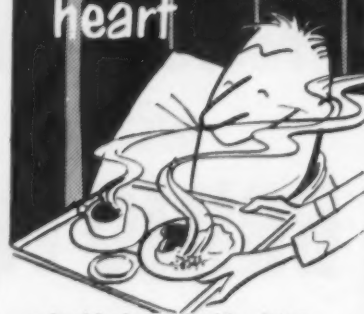
Two Hospitals Close Doors in Mississippi

MORTON, MISS.—Two Mississippi proprietary hospitals closed last month, owners reported. Scott County Hospital here, which had operated for 19 years, was closed because of increased operating expenses, scarcity of help, and other factors, Mrs. O. J. Burnham, the owner, said. Brandon Hospital, Brandon, had been owned and operated by Dr. H. N. Holyfield, who died recently. The hospital, up for sale during the last year, had been in operation for 26 years.

Court Upholds Employee Meal Charge in Hospitals

NEW YORK.—The New York Supreme Court has upheld the Board of Estimate's right to charge 33,000 employees of 28 municipal hospitals here for their meals. Seven hospital employees had brought suit into the court,

The way to a patient's heart



- Good food is good public relations.
- Patient food service represents almost a quarter of total hospital expense.
- Meals-on-Wheels reduces this expense by cutting labor costs—saving on food waste.

For complete details write to

Meals-on-Wheels SYSTEM



Dept. G, 3001 E. 59th
Kansas City 30, Mo.
See us at booth 412
Amer. Dietetic Assn. Convention

58 YEARS

of Service to Hospitals
1898 to 1956

... the Applegate
System of Linen Marking



APPLEGATE INKS

Applegate indelible (silver base) ink is everlasting . . . heat permanizes your impression for the life of the cloth, contains no aniline dye.

Use the APPLEGATE SYSTEM

The Applegate marker is the ONLY inexpensive marker that permits the operator to use both hands to hold the goods and mark them any place desired. Hand, foot or motor power.

Write for information and
free sample impression slip.



5403 MADISON AVE. CHICAGO 37, ILL.



\$12 Ansco **X-ray costs** **guided this** **\$1490** **life-saving** **cost**

The Ansco medical X-ray films which showed carcinoma of the esophagus cost a mere 72c each. Their *value* to the hospital was immeasurable. Clear and definitive, these and follow-up esophagrams served as a guide for radiation therapy by rotation technic. Cost of treatment, \$1490. Life of patient, priceless.

It's vitally important to consider diagnostic values, rather than price, in choosing Ansco X-ray films. With Ansco, you give your staff maximum diagnostic values, uniform quality. Ansco X-ray films are always:

- *tested physically* for base strength, flexibility and dimensional stability
- *tested photographically* for sensitivity—so that bones and soft tissues show with unexcelled clearness
- *tested repeatedly* for uniformity long after film has left the factory

Ansko BINGHAMTON, NEW YORK. A Division of General Aniline & Film Corporation.

SIZES ARE SUPER—SAVINGS, TOO

Ansko High-Speed X-ray Films assure constant fidelity to image. Save on: 25-sheet and 75-sheet packages

Liquadol Developer works faster, lasts longer than powder. Save on: 1 gal. 5 gal. 20 gal.

Liquadol Replenisher more than doubles the life of Liquadol Developer. Maintains constant developing time. Save on: 1 gal. 5 gal. 20 gal.

Liquafix (liquid) provides positive fixing-hardening action. Save on: 1 gal. 5 gal.

Powdered X-ray Fixer is non-staining. Save on: 1 gal. 20 gal. 50 gal.

declaring that the charges were "arbitrary and capricious." Justice Harold A. Stevens ruled last month that hospital meals "seem to have been more of an accommodation, so there can be no vested right in their continuance." The city hopes to save \$2 million by calling a halt to the free meals.

N.Y. Council Reports Rise in General Beds; TB, Acute Beds Drop

NEW YORK.—Total bed capacity of 166 voluntary, municipal and proprie-

tary hospitals here has declined 375 beds since 1955, the Hospital Council of Greater New York reported last month. Hospitals now have a total of 50,880 beds. Although general care beds have increased by 630, beds for tuberculosis and acute communicable diseases have been reduced substantially.

The last independent hospital for acute communicable diseases in New York City closed in 1955 as improvements in sanitary measures made general hospital care for these patients possible. A net loss of 1840 TB beds

has been reported in the last two years, the council said.

Foundation Disclaims Responsibility to Hospital After Court Ruling

WEST POINT, MISS.—Ivy Memorial Foundation, because of a recent court ruling that denied the board of trustees of Ivy Memorial Hospital the right to forbid staff privileges to a doctor, has disclaimed any responsibility for the hospital's operation. Foundation officials said they could not operate the hospital if the foundation's authority was to be usurped by the state.

All operating expenses of the hospital were covered by the foundation. In addition, it gave \$130,000 toward construction costs, part of which were supplied by the federal government.

No announcement has been made as to future disposition of the hospital. Jesse Bartlett is the administrator.



Pratt & Lambert New Lyt-all Flowing Flat can work wonders for you in keeping interior walls colorful, clean, inviting... and at lower cost. Made in exclusive Calibrated Colors, New Lyt-all Flowing Flat will give your walls a beautiful velvety-flat finish that will win the admiration of visitors and occupants... and will help your budget to a surprising degree.

Pratt & Lambert New Lyt-all Flowing Flat saves labor because it goes on so easily. Saves gallonage because it spreads farther. Cuts time of rooms being out of use because it dries quickly and has no objectionable odor.

But the biggest saving in New Lyt-all Flowing Flat is in its scrubability. This means less frequent painting because you can wash it again and again... and retain new-looking, beautiful walls through many seasons.

Your Pratt & Lambert representative is trained to help you combine economical painting with expert color planning. His services are yours without obligation.

Write: Pratt & Lambert, Inc., 75 Tonawanda St., Buffalo 7, N. Y. In Canada: 254 Courtwright St., Fort Erie, Ont.



PRATT & LAMBERT-INC.

A Dependable Name in Paint since 1849

NEW YORK • BUFFALO • CHICAGO • FORT ERIE, ONT.

Nursing Education Is Topic at Regional Education Conference

ATLANTA, GA.—Graduate education for southern nurses was discussed here last month at a 14 state conference conducted by the Southern Regional Education Board.

The conference, which was designed to point up the need for training courses for supervisors and teachers of nursing, and the availability of such courses at southern colleges and universities, was attended by representatives of 20 colleges and universities in the South and six graduate institutions offering curriculums for nurses in southern nursing schools.

Principal speaker was Lulu Wolf Hassenplug, dean of the school of nursing, University of California.

N.Y. Hospital Officials Hope for End of Nursing Shortage

NEW YORK.—Hospital officials here are hopeful that the current nurse shortage threatening the city's new hospital facilities may be on the decline. There are still doubts raised by the fact that:

Thirty-three per cent more general duty nurses and 28 per cent more in budgeted professional jobs are needed throughout the state.

Fifty per cent more professional



Color Created...With Kids in Mind the *Theme* pediatric room by Simmons

Children *like* primitive colors. They're affected by color, too. They'll feel better, be easier to manage, more cooperative in rooms *they* think are nice. This pediatric room was designed for children only—in the colors they would choose as the most favorite.

Beautiful, durable Theme unit furniture plays an important part in bringing color to the pediatric room. With Theme, the furniture color creates the scheme. You don't have to depend on accessories alone. Coral fronts on light gray, all-steel cases with coral spreads on beds and a new-fashioned rocker upholstered in coral, all combine to make the gayest

rooms to delight the hearts of your young patients.

Easy-to-care-for Simmons cribs are chrome-plated steel to resist strong, young teeth and the banging of hard toys. Positive catches keep youngsters in bed where they belong. Simmons cribs are available in five sizes for children of all ages.

★ ★ ★

Theme unit furniture, designed by Raymond Spilman, A. S. I. D., permits an almost endless variety of combinations to meet every room plan. Your Simmons Agent or nearby Simmons office is always ready with advice based on nationwide hospital experience.

SIMMONS COMPANY

DISPLAY ROOMS:

Chicago • New York • San Francisco
Atlanta • Dallas • Columbus • Los Angeles

nurses are in demand in budgeted city department of hospitals jobs.

Only 55,542 of the 100,365 New York State nurses registered to practice last year.

However, officials are giving some reasons for their hopeful attitude:

Federal and state scholarship for nursing education are being provided.

There is renewed emphasis on building of hospital and nursing school facilities, better working conditions and improved salaries.

The utilization of auxiliary personnel (practical nurses, nurse's aides)

and the expansion of the graduate nurses' supervisory duties have helped meet the situation.

Iowa Hospital Receives Grant for Nursing Study

IOWA CITY, IOWA.—The effects of various nursing procedures on the welfare of hospital patients will be studied in a research program at the University Hospitals here, it was announced recently.

The university has received a grant of \$100,000 from the U.S. Public

Health Service to conduct the study. Research workers representing the university's department of engineering, psychology and sociology, as well as medicine, nursing and hospital administration, will seek to determine how the observable acts of a nurse affect the patient's welfare, whether a nurse devotes more time to these acts when additional nurses are provided in a given situation, and whether a patient's welfare is improved when more time is devoted to these acts, a university announcement said.

The study will be directed by Myrtle K. Aydelotte, dean of the college of nursing, and Marie Tener, director of nursing service at University Hospitals.

National Health Council Releases Film on Careers

NEW YORK.—The National Health Council has announced release of a documentary film entitled "Health Careers," presenting career information in the health fields for showing to school and community groups, and on television.

The picture is described by the council as a "question raiser," designed to stimulate discussion and avoiding "the pitfall of telling teen-agers more than they want to know."

The film covers career opportunities in hospitals, health departments, schools, industry, private practice and community agencies, the announcement said.

Loan copies of the film are available on inquiry to the National Health Council offices here, it was explained; in addition, extra prints may be obtained by hospitals interested in having their own copies.

Distribution of loan copies is made possible through support by the Equitable Life Assurance Society, the council said.

Connecticut Prepares for Hurricane Season

HARTFORD, CONN.—Ten 200 bed emergency hospitals were set up throughout Connecticut in preparation for the hurricane season. Leo J. Mulcahy, state civil defense director, announced that the hospitals, plus 94 stockpiles of emergency first-aid equipment, are located at Greenwich, Danbury, New Milford, Stratford, Shelton, New Haven, Essex, Manchester, Pomfret and Willimantic.

★ **WINTERHAVEN HOSPITAL**
Winterhaven, Florida

★ **FIRST CAMPAIGN—1953**
★ **SECOND CAMPAIGN—1956**

Oversubscribed

WESTERN UNION TELEGRAM 1956 APR 24 10 10 AM '56

CLASS OF SERVICE
This is a 100 word telegram. It is subject to the usual restrictions of the Western Union Telegram Service.

TO: 114020
A VVAG36 43 DE WINTERHAVEN FLO 24 104TAME
WARD DRESHMAN AND REINHARDT
4824 RCA BLVD 30 ROCKEFELLER PLAZA
YOUR FIRM DID IT AGAIN! STOP 2-1/2 YEARS AGO WHEN YOU CONDUCTED
YOUR FIRST CAMPAIGN! OUR GOAL WAS \$261,000 RAISED \$29,000. TODAY
OUR GOAL WAS \$213,000 RAISED \$241,845. THANKS FOR THE WONDERFUL
SERVICE RENDERED BY YOUR FIRM. YOU MAY USE MY NAME FOR REFERENCE.
IN ANY COMMUNITY HESITATING ABOUT USING PROFESSIONAL SERVICES.
I WILL HIGHLY RECOMMEND YOUR FIRM
MELVIN J. ARNOLD

The Winterhaven Hospital campaign, just completed, is but one more example of the consistently successful record this firm has had in raising funds for hospital construction, modernization or expansion. Since it was founded over 50 years ago, almost 4 out of 5 of the hospital campaigns conducted by this firm were repeats for those wholly satisfied with services on previous appeals.

Administrators and hospital boards are cordially invited to discuss their fund-raising problems at no cost or obligation.

WARD, DRESHMAN & REINHARDT
INCORPORATED

Bureau of Hospital Finance

30 ROCKEFELLER PLAZA • NEW YORK 20, N. Y. • TELEPHONE CIRCLE 6-1540

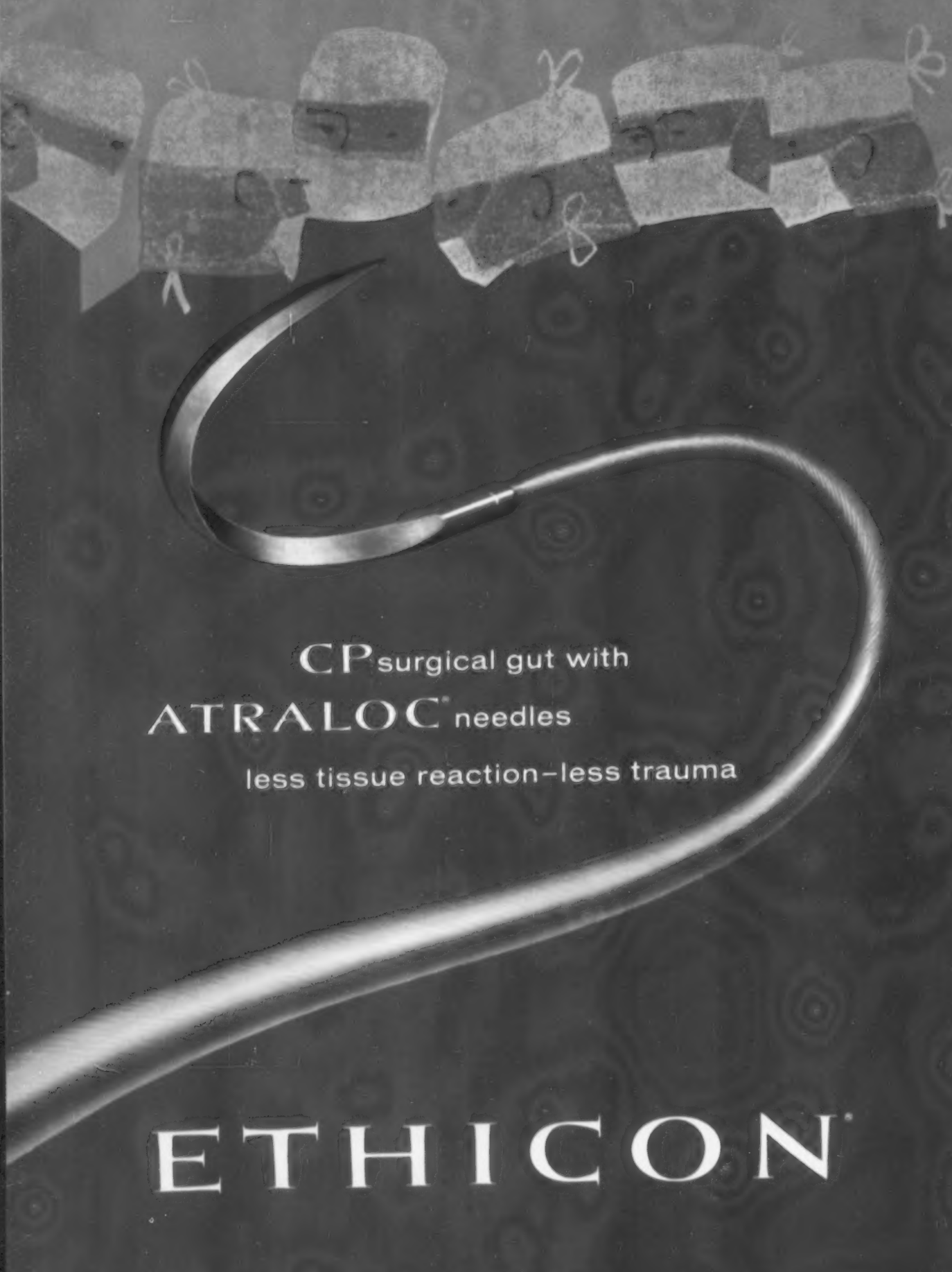
CHARTER MEMBER OF THE AMERICAN ASSOCIATION OF FUND RAISING COUNSEL



setting new standards

ETHICON[®]

sutures



CP surgical gut with
ATRALOC needles
less tissue reaction—less trauma

ETHICON

MEDICAL MOTION PICTURES FOR HOSPITAL SHOWINGS

FROM THE SQUIBB MEDICAL FILM LIBRARY

Squibb makes available to hospitals—without cost or obligation—motion pictures on current therapy and important medical subjects from its Medical Film Library. These films are of particular interest to staff meetings, residents and internes, dieticians, nurses and other hospital groups.

You can obtain a catalog of Squibb Medical Films from your Squibb Representative or by writing to us (use coupon). After you make your selections, your Squibb Representative will obtain the films for you and assist with the arrangements for the showings.

SQUIBB, 745 FIFTH AVE., NEW YORK 22, N. Y.

Please send me a catalog of Squibb Medical Films

Name _____

Address _____

City _____ State _____

SQUIBB



Squibb Quality
The Priceless Ingredient

ABOUT PEOPLE

(Continued From Page 86)

Howard F. Cook, secretary of the American Hospital Association Council on Association Services, has resigned to become administrator of Evanston Community Hospital, Evanston, Ill. A graduate of the hospital administration course at Northwestern University, Mr. Cook took his administrative residency at the University of Iowa Hospitals, Iowa City, and served as administra-

tive assistant there before joining the A.H.A. headquarters staff. He succeeds **William R. Howes**, whose appointment as administrator of St. Christopher's Hospital for Children, Philadelphia, was announced last month.

Frank L. Dulaney is the new superintendent of Renville-Bottineau Memorial Hospital, Mohall, N.D. Mr. Dulaney, a graduate of New York University's course in hospital administration, has been doing private nursing in New York City.

Ida Mae Herbert has been appointed superintendent of Beaumont Municipal

Hospital, Beaumont, Tex., succeeding **Mrs. L. Holt Davis**, who resigned.

Talmage D. Smith Jr., assistant administrator of Clovis Memorial Hospital, Clovis, N.M., has been named administrator of Roosevelt General Hospital, Portales, N.M., succeeding **Thomas J. Hartford Jr.** Mr. Smith is a graduate of the course in hospital administration at Northwestern University.

John Randolph Burke has been appointed managing director of Bryn Mawr Hospital, Bryn Mawr, Pa., succeeding **Thomas C. Barton**.

Robert A. Hanson, representing the Stewards Foundation of Chicago, is the new administrator of Auburn General Hospital, Auburn, Wash. He succeeds **R. Zella Deeny** and **Gertrude R. Deeny**.

Harry Benjamin has been named administrator of the two osteopathic hospitals associated with the Philadelphia College of Osteopathy, Philadelphia.

Robert M. Kinney, who recently completed the course in hospital administration at Columbia University, has been appointed to the newly created position of second assistant administrator at York Hospital, York, Pa.

Charles F. Mehler, assistant director and controller of Hamot Hospital, Erie, Pa., has resigned his duties there.

Robert S. Forhman, administrator of Maimonides Hospital, Liberty, N.Y., has been named administrator of Cross County Medical Center, Yonkers, N.Y. Mr. Forhman is a nominee of the American College of Hospital Administrators.

George Vivian Leech, former assistant administrator of Martinez Community Hospital, Martinez, Calif., is the new administrator of the Civic Center Hospital Foundation, Oakland, Calif.

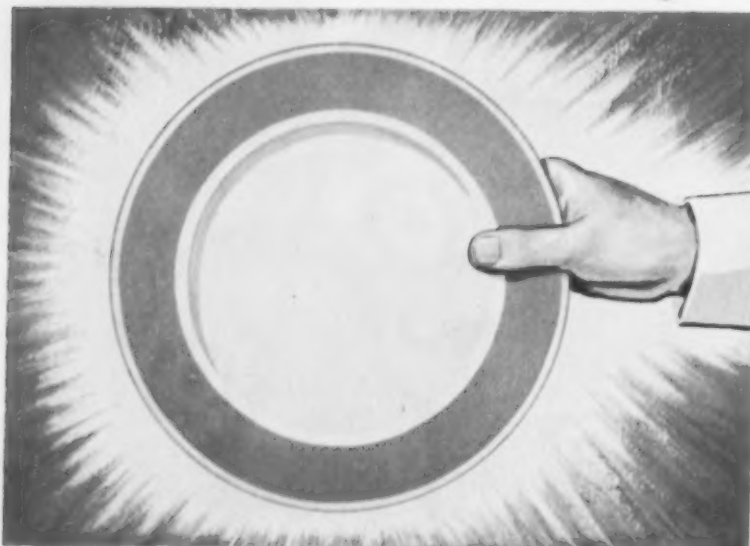
Warren Croston, administrator of Harrison Memorial Hospital, Bremerton, Wash., has been named assistant administrator and business manager at Kadlec Methodist Hospital, Richland, Wash.

Ed Nemitz has been named administrator of Kingfisher Community Hospital, Enid, Okla., succeeding **Florene Langley**, who has resigned. Prior to his appointment, Mr. Nemitz was Blue Cross-Blue Shield representative for the Enid area.

Bruce E. Bredeson has accepted the position of administrator of Russell City Hospital, Russell, Kan.

Dr. Robert F. Ingram has assumed the duties of administrative assistant at

Corning Double-Tough Dinnerware keeps its brand new look longer!



Choose from six smart color patterns!



● **There's no surface glaze** to scratch or wear away, so Corning Double-Tough Dinnerware stays new looking much longer. That means real savings to you on replacement costs. Order Double-Tough with green or maroon bands—or with handsome, solid borders of Coral, Gray, Autumn or Aqua, from your Corning Double-Tough equipment dealer.



● **Much lighter!** Double-Tough Dinnerware is 30% lighter than competitive ware. It's far easier to stack, carry and handle.



● **Extra durable!** You save on replacement costs. Double-Tough survives a drop from a height twice as great as other ware.



● **Washes easily!** Double-Tough washes clean quickly and easily. Sticky foods won't cling to that smooth, non-porous surface.

CORNING DOUBLE-TOUGH Dinnerware

Consumer Products Division, Corning Glass Works, Corning, New York

Ideal EQUIPMENT FOR TODAY'S MODERN HOSPITAL

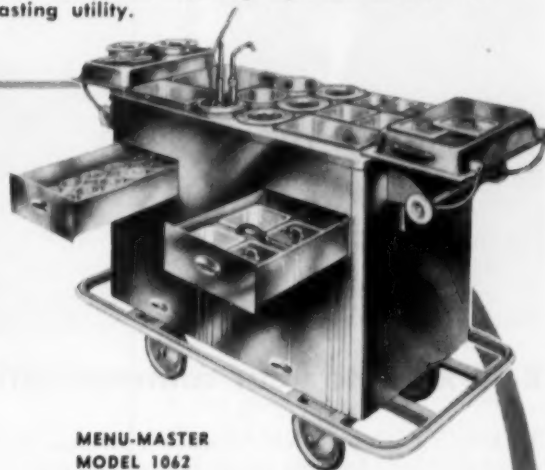
Ideal equipment items — food conveyors, tray conveyors, ice trucks, sterilizers, stainless steel tables and therapeutic equipment — meet the exacting requirements of today's modern hospital, large or small.

Ideal stainless steel products, made only by Swartzbaugh, are specially designed — inside and outside — to fit your need for maximum efficiency, fingertip convenience and lasting utility.



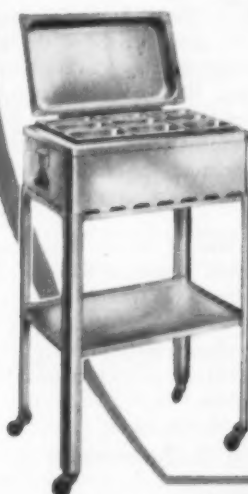
**MEALMOBILE
MODEL 9020B**

One of the many Ideal tray conveyors available for centralized service systems. Ideal Mealmobiles enable you to extend "kitchen-control" to the patient's bedside. You can now easily serve kitchen-fresh appetizing meals — with hot foods hot and cold foods cold — anytime, anywhere. Bodies are made of stainless steel and are protected at all points by the exclusive Ideal bumper. Serves 20 meals.



**MENU-MASTER
MODEL 1062**

One of the many Ideal bulk food conveyors available. The trend toward special diets in today's modern hospital demands greater flexibility in the top deck arrangement of your food conveyor. Ideal's Menu-Master, Model 1062, has it! Made of gleaming stainless steel throughout, the Menu-Master provides plenty of room for combinations of square and rectangular pans — without sacrificing valuable beverage capacity. Indoor and outdoor models available.



DIET-THERM MODEL 7001

A compact, low-priced food conveyor designed to facilitate the serving of late breakfasts, special diets, delayed servings, and hot snacks. Equipped with heating elements and thermostatic equipment for independent operation. The food well in the Diet-Therm will accommodate any desired combination of standard steam table full size and fractional size pans. It can be removed from its stand and placed on top of any other unit. It is completely insulated . . . will not damage any surface.



TERMINAL STERILIZER MODEL TH48

Completely automatic infant formula sterilizer with a capacity from 40 to 70 bottles per load. Utilizes non-pressure free flowing steam to bring formula temperature up to 212°, maintains this for 25 minutes, then gradually cools formula so that immediately upon removal from sterilizer it can be placed in refrigerator. Automatic operation and cooling provides an exceptionally safe and sterile formula. Safe and simple to operate, this unit eliminates the need for constant attention of a trained operator. Easy to install. Requires only 220 V outlet. Cold water inlet, vent and drain.

★ Write
for free
full-line
catalog.



Ideal[®]
HOSPITAL EQUIPMENT
Found in Foremost Hospitals

Made only by the
**SWARTZBAUGH
MANUFACTURING
COMPANY**

MURFREESBORO, TENN.



Re-examine your communication system!

To keep up with the whirlwind speed of today's business world, a separate interior communication system is required, one that has the flexibility to provide any and all services demanded of it instantly. Kellogg, and only Kellogg, can provide such a system, and do it economically. Proof? Review these essential features found only in Kellogg SELECT-O-PHONE:

- Unlimited simultaneous service on any line not in use
- Every station a master station; any one can call anyone else at any time
- Privacy assured by lock out of any line in use
- Any instrument can originate a conference through any or all other instruments
- Party lines added at will to any or all lines
- Executive right-of-way feature connects instantly one or more instruments even though in use
- General call, paging, fire alarm, central dictating, and many other features are all available on Kellogg systems, and as simple as dialing 1, 2, 3

Your local Kellogg dealer will be glad to analyze your intercommunication needs. He carries the most complete line of systems available anywhere . . . all bearing an unmatched warranty, with service availability guaranteed forever. Send for your copy of Select-O-Kit right now and for the name of your nearest Kellogg dealer.



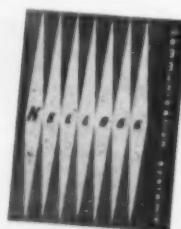
KELLOGG SWITCHBOARD AND SUPPLY CO.
A Division of
International Telephone and Telegraph Corp.
QUALITY COMMUNICATIONS SYSTEMS
QUALITY COMPONENTS FOR INDUSTRIAL CONTROL

Dealers in principal cities of United States and Canada

Kellogg Switchboard and Supply Co.
Commercial Products, Dept. 75-J
79 W. Monroe Street, Chicago 3, Illinois

Gentlemen: Please send Select-O-Kit telling about Kellogg specialized interior communications systems.

NAME _____
FIRM _____
ADDRESS _____
CITY _____ ZONE _____ STATE _____



Royal Victoria Hospital, Montreal, Que. He received a degree in hospital administration from the University of Toronto.

Vernon L. Harris has been appointed administrator of Salt Lake County General Hospital, Salt Lake City, Utah. Previously, he was assistant administrator of Magic Valley Memorial Hospital, Twin Falls, Idaho.

Mary Sullivan has resigned her duties as administrator of Crystal Falls Municipal Hospital, Crystal Falls, Mich.

Sister M. Michael, director of nursing service at Mercy Hospital, Chicago, has been named administrator there, succeeding Sister Loretto Marie, who will become hospital consultant for the Sisters of Mercy.

John D. Rollins has assumed the duties of administrator of Ontonagon Memorial Hospital, Ontonagon, Mich.

Sister Mary Ursula has been appointed administrator of St. Vincent Charity Hospital, Cleveland, succeeding Sister Mary Francetta, who has been named assistant administrator of St. Thomas Hospital, Akron, Ohio.

Wilbur G. Baker, city clerk of York, Pa., has accepted the position of administrator of West Side Osteopathic Hospital, York. He succeeds Carroll E. Clary, who resigned.

Sister Mary Rosaria, administrator of St. Mary's Hospital, Clarksburg, W.Va., is the new administrator of Wheeling Hospital, Wheeling, W.Va., succeeding Sister Mary Thomasina, who is the new director of the school of nursing at St. Francis Hospital, Charleston, W.Va.

Andrew L. Fierro has been named superintendent of Hazleton State Hospital, Hazleton, Pa. He had been serving as acting superintendent at the hospital.

Mrs. Warren Hagge, administrator of Lakefield Municipal Hospital, Lakefield, Minn., has resigned her duties there.

Robert Jensen is the new superintendent of Thayer County Memorial Hospital, Hebron, Neb., succeeding Mrs. William H. Cholcher.

Milton D. Rasmussen is the new administrator of Lockwood Hospital, Petoskey, Mich., succeeding Madeline Smith, R.N., who has resigned.

Dr. M. M. Vitols, clinical director of State Hospital at Goldsboro, N.C., has assumed the duties of acting superintendent there, succeeding Dr. N. B. Kyles.

Jay M. Akin, administrator of Tulare County General Hospital, Tulare,

About the Care of Chronic Illness

ORGANIZED HOME MEDICAL CARE IN NEW YORK CITY

A STUDY OF NINETEEN PROGRAMS

THE HOSPITAL COUNCIL OF GREATER NEW YORK here reports in full upon a study of organized plans existing in New York City for extending comprehensive medical care to the long-term patient in his home. This study is believed to be the most extensive investigation of home medical care programs thus far published and the only one that examines such programs not only from the standpoint of those rendering services to the patient, but also from that of the social, economic, emotional, and domestic—as well as physical—needs of the patient and his family. Its analysis and evaluation of the existing New York City programs and its suggested standards for establishing and operating new programs are more detailed and concrete than any previously published.

xvi+538 pages. 2 pages of maps.

\$8.00

CARE OF THE LONG-TERM PATIENT

THE COMMISSION ON CHRONIC ILLNESS here presents the first publication in a four-volume series on *Chronic Illness in the United States*. This book provides a fundamental study of the care of the long-term patient in both home and institution. Who is the long-term patient, where is he, what kinds of care—physical and mental—does he need, and how and where should these services be provided? What about rehabilitation—at home and in the institution? What institutions take care of long-term patients, and how well do they do so? What kinds of personnel are needed and how should they be trained? How about problems of coordination and integration of services, of research, of finance? This book provides a comprehensive, authoritative discussion of all these basic questions about the care of the chronically ill.

xvi+606 pages. Many tables.

\$8.50

An Unusual Project in Medical Care HUNTERDON MEDICAL CENTER

THE STORY OF ONE
APPROACH TO
RURAL MEDICAL CARE

By RAY E. TRUSSELL. A readable and informative account of how a rural community established a true medical and health center designed to serve its own particular needs. Dr. Trussell, director of the Hunterdon Medical Center during its five early, crucial years, describes its history and how it operates. The Center represents a new formula for rural medical care: the hospital serves as the medium by which "patients remain under the care of their family physicians, who in turn have the complete cooperation of a full-time specialist staff. . . . The full-time staff supplements the family physician but does not supplant or compete with him. The environment is that of a university-type medical center."—C. E. de la Chapelle, M.D., in his Introduction. 260 pages, 8 pages of illustrations.

\$3.75



COMMONWEALTH FUND BOOKS
Through Your Bookstore, or from
HARVARD UNIVERSITY PRESS
Cambridge 38 Massachusetts



Calif., has been appointed administrator of Merced County Hospital, Merced, Calif.

G. Paul Hanson is the new administrator of Memorial Hospital, Glendale, Calif., succeeding **Corinne Roos, R.N.** Mr. Hanson has been assistant administrator of Cedars of Lebanon Hospital, Los Angeles.

Dr. E. L. McAmis, superintendent of Natchez Charity Hospital, Natchez, Miss., has resigned his duties there to resume the private practice of medicine.

O. L. Freeman is the new administrator of Lumberton Citizens' Hospital,

Lumberton, Miss., succeeding **William Knox**.

Department Heads

Alta M. La Belle has resigned her position as executive housekeeper of Providence Memorial Hospital, El Paso, Tex., to accept a similar post at City of Hope Medical Center, Duarte, Calif., effective October 1. Before going to El



Alta M. La Belle

Paso, Mrs. La Belle had been director of housekeeping at Michael Reese Hospital, Chicago, for 14 years and, later, served as housekeeping consultant to the Veterans Administration. She is a member of the editorial board of *The Modern Hospital* and senior author of "Administrative Housekeeping," published by G. P. Putnam's Sons, New York. Mrs. La Belle's successor at Providence Memorial is **Pearl Passenger**, formerly executive housekeeper at Methodist Hospital, Lubbock, Tex.

Dr. Merle S. Bacastow is the new director of medical education at Methodist Hospital, Indianapolis. Prior to his appointment, Dr. Bacastow was in private practice in Worcester, Mass. He is a graduate of the University of Pennsylvania's medical school.

Edith D. Payne, director of the school of nursing and nursing service at St. Luke's Hospital, Chicago, has been appointed director of the nursing department at Presbyterian-St. Luke's Hospital, Chicago. Miss Payne is a graduate of Methodist-Episcopal Hospital's school of nursing, Philadelphia. She received a master's degree from Teachers College, Columbia University.



Edith Payne

Rachel Suggs, director of nurses at Knoxville General Hospital, Knoxville, Tenn., has been named director of nursing education at St. Mary's Hospital, Knoxville.

Charlotte E. Voss is the new director of education of the school of nursing, City Hospital, Cleveland. She is also assistant clinical professor of nursing at Western Reserve University, Cleveland.

Dr. Bernard Kalfayan, attending pathologist and director of laboratories at Beekman Downtown Hospital, New York City, has assumed the duties of director of laboratories and attending pathologist at Roosevelt Hospital, New York City. Dr. Kalfayan is a graduate of the American University of Beirut, Lebanon.



Dr. B. Kalfayan

Mary E. Gehring, assistant chief dietitian, Methodist Hospital, Indianapolis, is the new chief dietitian at the hospital, succeeding **Hazel Wessel**, who

(Continued on Page 178)



Permanent **KWIKSORT** Markings are exclusive with **MATEX** and **MASSILLON** Latex Gloves

EXCLUSIVE—Matex (white) and Massillon Latex (brown) surgeons' gloves are the only gloves that carry the permanent, indestructible Kwiksort size markings.

LABOR-SAVING—Distinctive Kwiksort size markings speed sorting and pairing—cut labor costs.

And Kwiksort markings identify the gloves that provide comfortable fit, bare-finger tactility and long, long life.

Ask your surgical supply dealer—he'll tell you why leading hospitals use MATEX and MASSILLON Latex.

THE MASSILLON RUBBER COMPANY

Massillon, Ohio



**LOW
COST

LOW
UPKEEP**

Compare McKesson Electrolor's features and price. Dollar for dollar, you'll see that its quality is the highest . . . its price the most reasonable.

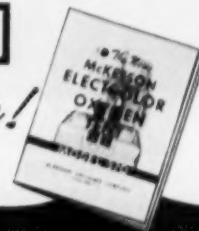
Then remember that, in most cases, there's *no* maintenance for years! And if there's any upkeep at all, it's nominal.

Add the exclusive feature that nurses may *read* Electrolor's inlaid panel *in the dark* without switching on lights and disturbing patients!

Now, don't you see why so many more Hospital Executives are ordering Electrolors every year?

Use genuine McKesson Canopies for best results!

Write Today for McKesson Electrolor Brochure!



McKesson ELECTROLOR Oxygen Tents

McKESSON APPLIANCE CO., TOLEDO, OHIO

Manufacturers of these major products—Bronchia Spirometry, Anesthesia, Resuscitators, Suction Pumps, Metabolism, Oxygen Tents, Analgesia, Vital Capacity, Pneumothorax, Air Compressors, Racking Beds, Dermal Temperature, Oxygen Therapy

Now... complete
post-partum care
in a single package



New Wondersoft® KOTEX® No. 663 Maternity Pad
pre-packed with 4 Curity Cotton Balls.

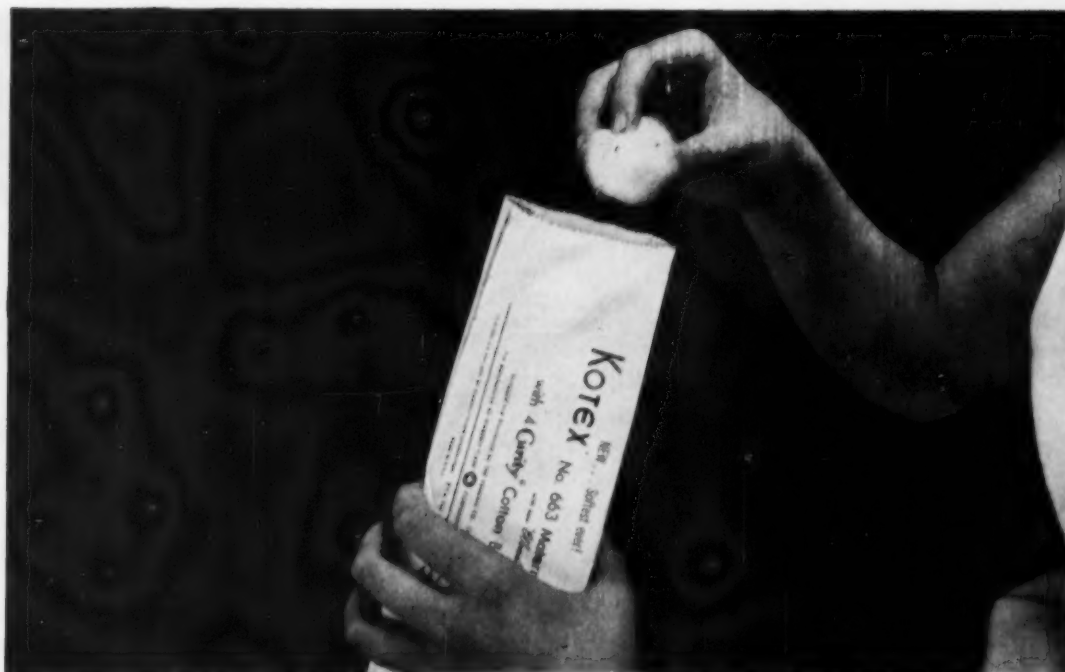
You know what a savings pre-packed maternity pads give you. Savings in both time and money. Because there's no folding, no wrapping, no labeling, no tying.

But, until now, hospitals themselves have had to add the cotton perineal wipes.

Now, at last, Bauer & Black gives you

softest-ever KOTEX Maternity Pads with Wondersoft covering *plus* 4 Curity Cotton Balls right inside the bag. Four large cotton balls ideally sized for perineal cleansing—and a KOTEX napkin 12 full inches long. That's everything you need for post-partum care right in a single package.

*T.M. Reg. Kimberly-Clark Corp.



Packed in order of use—This new pre-pack is put up so the patient gets her supplies in the order of use. Opening the bag, the patient draws out first the four cotton balls for perineal cleansing. Then the napkin, carefully folded to protect its sterility. And directions for patient's use are printed right on the bag.

KOTEX[®] MATERNITY PADS

BAUER & BLACK

Division of The Kendall Company

resigned to work for a master's degree at the University of Washington, Seattle.

Miscellaneous

Dr. Madison B. Brown, executive vice president and medical director of Hahnemann Medical College and Hospital, Philadelphia, has been appointed director of administrative services for the Ameri-



Dr. M. B. Brown

can Hospital Association. In his new position, Dr. Brown will be in charge of coordinating association activities in such areas as hospital organization and business practices, Blue Cross and hospital reimbursement, hospital planning and plant operation, and other related areas. He is a fellow of the American College of Hospital Administrators and the American Medical Association. He has been a member of the board of directors of the Hospital Council of Greater New York and the board of governors of the Greater New York Hospital Association.

Brig. Gen. M. S.

White, air surgeon of tactical air command, Langley Air Force Base, Hampton, Va., is the new director of medical staffing and education for the Air Force Medical Service, stationed in the office of the surgeon general of the U.S. Air Force, Washington, D.C. General White received his M.D. from New York University, and is a graduate of the school of aviation medicine, Randolph Field, Tex.



Brig. Gen. White

Ann S. Friend, secretary of the Council on Administrative Practice of the American Hospital Association, has resigned because of ill health. A member of the A.H.A. staff for the last eight years, Mrs. Friend was formerly staff personnel specialist.

Dr. Theodore J. Bauer, chief of the Bureau of State Service's communicable disease center, Atlanta, Ga., has been appointed deputy chief of the service, with headquarters in Washington, D.C.

Olin E. Oeschger, administrative associate and personnel director of the Methodist Board of Hospitals and Homes, Chicago, has been elected general secretary of the board.

John E. Sullivan, office manager of the American Hospital Association, Chicago, has been named to the newly created position of controller of the A.H.A. Mr. Sullivan is a certified public accountant.

Dr. G. Lee Sandritter, former superintendent of Eastern State Hospital, Medical Lake, Wash., is the new acting director of state institutions in Washington, succeeding **Dr. Thomas A. Harris**, who has resigned.

Deaths

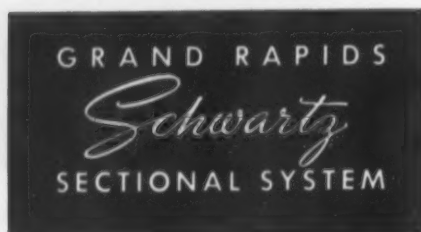
Margaret C. Biddle, director of the Inter-Plan Benefit Bank of the Blue Cross Commission, died late last month in Chicago. Mrs. Biddle had directed the benefit bank since its organization in 1949. Prior to her appointment to that position, she served as the head of the hospital department of the Chicago Blue Cross since it was organized in 1936. Previously, she had worked in the office at Passavant Hospital, Chicago.

Lucien B. Dana, 42, administrator of Knickerbocker Hospital, New York City, died last month. He had been administrator there for the last seven years.

YOU HAVE WAITED FOR THE IDEAL PHARMACY



YOU CAN HAVE IT WITH



Manufactured Solely and exclusively by

GRAND RAPIDS SECTIONAL EQUIPMENT CO.

The Greatest Name in Pharmacy Equipment

GENERAL OFFICES: 200 FULLER BLDG., 11 FULLER AVE., S. E.
GRAND RAPIDS 6, MICHIGAN • PHONE GL-1-3335

More profits in soups with portion-control Kraft Soup Bases



Kraft Soup Bases give you these four big advantages:

Economical—One-step preparation—time-saving, no waste. No expensive labor preparing soup stock.

High Quality—Uniform high quality assured by rigid controls through every step of production.

Profitable—Exact portion control eliminates guesswork on costs—you know your profits to the penny!

Versatile—Make superb soups. Bring out flavor of foods—effective as an enricher in soup stocks.

4 POPULAR VARIETIES

Chicken Base—Made from freshly roasted chicken and other choice ingredients. Makes delicious soup, also adds flavor to chicken dishes. In 1-lb. jars.

CS Base with Chicken Fat—Made with real chicken fat. Use it for soup, for enriching your own soup stocks. In 1-lb. jars.

Soup Base Flavored with Beef Extract—Made from finest beef extract, monosodium glutamate, beef fat and seasoning. Fine for seasoning meats. In 1-lb. jars.

Onion Soup Base—Delicious onion soup made from a carefully seasoned base and select onion flakes, toasted golden brown. In 8-oz. jars.



The Nation's Taste is Your Best Buying Guide

KRAFT FOODS COMPANY

500 Peshigo Court • Chicago 90, Illinois



Convention Digest

(Continued From Page 56)

and audience launched into a discussion of what "full cost" means. Charles G. Roswell of the New York accounting firm, MacNicol, Roswell & Company, declared that accounting alone can never provide the answer to what "full cost" is. Where accounting stops, the economist must move in.

One likely solution to this problem, which has been discussed for 10 years and still remains unanswered, seems to be the setting up of a state authority, such as exists in Massachusetts and

Connecticut, it was agreed. This state commission gets together with third parties, and a mutually acceptable uniform reimbursable cost for the year is worked out. Consideration is then given to new additions to service, such as an isotope laboratory.

Trustee Relations

Much to the satisfaction of the audience, Wednesday morning's meeting on professional practice, titled "Trustee, Administrator, Medical Staff Relations," turned into a "problem clinic."

The audience was obviously inter-

ested in the subject and gave rapt attention to each panel member and followed their presentations with a lively give-and-take between themselves and the panel. Its members were Dr. Edward L. Turner, secretary, Council on Medical Education and Hospitals, A.M.A.; Dr. W. Douglas Piercey, executive director of the Canadian Hospital Association, Toronto, Ont., and George Wren, director, Aultman Hospital, Canton, Ohio. Chairman of the round table was Raymond P. Sloan, president of the Modern Hospital Publishing Company.

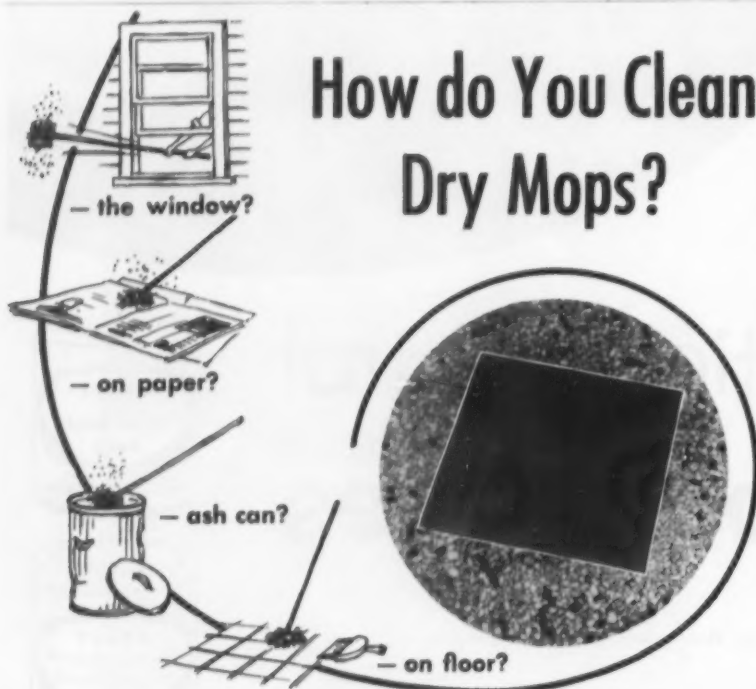
Administrators and trustees, totaling well over 100, and one doctor jammed into the meeting and quickly made it clear that they were all in agreement on one point—the Joint Commission's recommendation of a joint conference committee was the soundest and safest way to proceed through all problems with regard to relationships of the "trustee-administrator-medical staff triumvirate," as two of the panel members liked to refer to these three groups.

For instance, there was the man who suggested, hypothetically, that the by-laws of his staff needed revision. How to go about it?

Mr. Wren took on that question, for he was the panel member who had described an actual workable relationship between administration and staff. "Go to the joint conference committee and discuss the matter there. If you don't have one, approach a few members of the medical staff whom you know well."

Then, following a show of hands to determine how the audience was divided, it was discovered that a Chicago doctor was present and wanted to get in on the discussion. By all means, he suggested, work with the committee and be patient. Administrators, he said, want immediate results when they decide something must be done. But he warned against trying to push the staff too hard, and offered the advice that diplomacy and action with the joint conference committee would certainly be the smoothest and most beneficial way to proceed.

While he had the floor, the doctor wanted to say, too, that in his opinion "the most important cog in the professional relations wheel is the administrator, who must be the liaison man and must not set himself up as a representative of the board. Rather, he must set up mutual relationships between the staff and board." The



There are many ways that are wrong. The one right way is to install Vacuslot plates in all corridors. The operator passes the dry mop over the slot. The strands are pulled in, shaken violently by the inrush of air and all dust goes down to the basement. No time lost — no dust scattered — Vacuslot is the modern sanitary method.

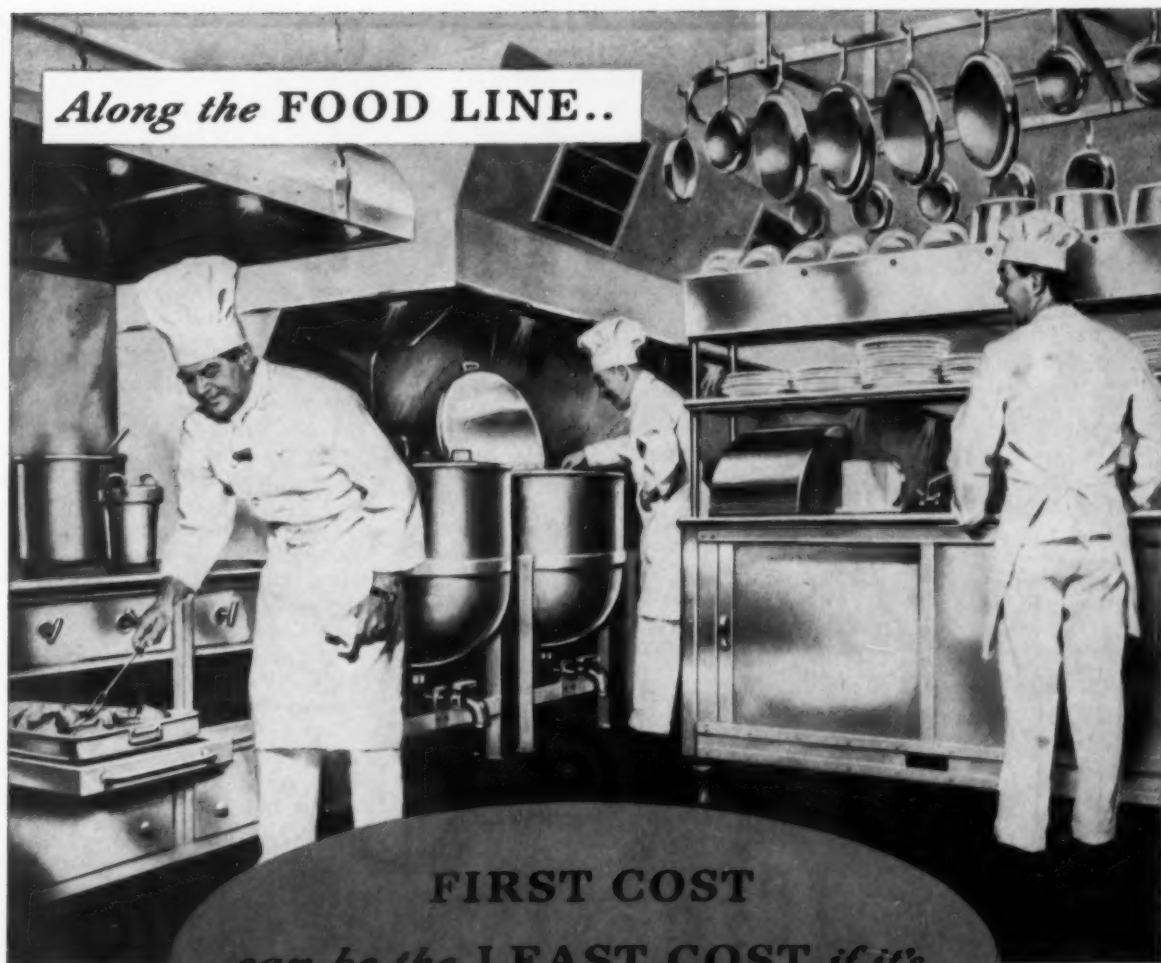
You can use the same system for cleaning floors, pick up spilled liquids, cleaning boiler tubes, machinery, furniture, and the air conditioning equipment. Vacuslots can be installed in any building, old or new. Ask for Bulletin 153.

THE SPENCER TURBINE COMPANY • HARTFORD 6, CONNECTICUT

SPENCER
HARTFORD

301-D

Along the FOOD LINE..



FIRST COST
can be the LEAST COST if it's
the LAST COST



Write for your Copy:
AL STAINLESS STEEL
in Hospitals

36 pages of useful information on the applications and advantages of stainless steel in hospital equipment of all description. Well illustrated—also contains a technical section of data on selection and fabrication, etc.

ADDRESS DEPT. MH-82

No material is more at home around food (or beverages, drugs, chemicals, etc.) than AL Stainless Steel. And that's not just because stainless is perennially good-looking, and so easy to keep clean.

Basically, it's because stainless steel equipment is the most economical you can buy. It stands up so much better—lasts so much longer—costs so much less to clean and maintain—that it actually saves you money in the long run. First cost isn't the whole story, you know. It's the long-term, over-

all cost that counts, and no other material is as hard, strong and resistant to heat, wear and corrosion as stainless steel.

So, when you want equipment that has to look well, maintain high sanitary standards and take a beating every day, remember that only stainless steel can give you the utmost in service and economy. • Use time-tested AL Stainless, and let us help you work out any design or engineering details. *Allegheny Ludlum Steel Corporation, Oliver Building, Pittsburgh 22, Pa.*

WSW 5637 C

Make it BETTER—and LONGER LASTING—with

AL Stainless Steel

Warehouse stocks carried by all Ryerson Steel plants



audience approved these views, and applauded the doctor.

Addressing his question to the panel, someone in the audience asked, "What is the feeling about having active members of medical staffs on boards of trustees?"

"It should not be so much a question of doctors serving on boards," Dr. Turner said, "as a question of arbitrarily excluding doctors because they are doctors."

Dr. Piercey, although saying he was against it personally, admitted that in his experience he had found it helpful

to have medical men on boards of trustees.

Mr. Wren, on the other hand, was not against it, and said, "It is silly to discriminate against one of the groups that is most interested and has knowledge to contribute."

At various times throughout the discussion there were questions from people who wanted to know how many administrators present sat in on medical staff meetings (about a half dozen). How many hospitals represented by the group had joint conference committees (almost all). How

many hospitals from those represented have doctors on the boards (about five). How many members of the audience favored having medical staff members on the board (about five). How many hospitals having doctors on the board of trustees are against it (only one).

By these questions, they each seemed to measure progress of their hospital against that represented by the answers given.

Hospital Planning

Hospital planners who have eagerly embraced the nursing home field and envision a new world of air conditioned nursing homes with recreation rooms, pleasant dining halls, and every modern convenience are out of their element, if not out of their minds, a practical nursing home operator told the meeting of state Hill-Burton agency representatives.

The old people who inhabit nursing homes know what they want, and it doesn't bear any resemblance at all to what most planners and social agency thinkers say they need, Bert Cohn, operator of nursing homes at Benton and Okawville, Ill., warned the state agency group.

For example, Mr. Cohn said, the modern nursing home plan invariably includes a large dining room, and the planners talk animatedly about how much good it does the patients to get together at mealtimes, making these social as well as nourishing occasions.

"The fact is, most of the old people prefer to eat in their own rooms, either alone or with a couple of cronies," Mr. Cohn said.

Moreover, he added, dietary authorities who insist that nursing home patients need lots of specially prepared vegetables, soups and salads don't know what they're talking about. The practical thing to do is to cater as far as possible to their individual likes and dislikes, he declared.

"Why try to change the eating habits of anyone 80 years old?" he challenged.

Mr. Cohn then threw the recreation room out along with the vegetables. "Elaborate recreation facilities are a waste of money and space," he said. "Our patients just aren't interested in playing shuffleboard or quoits. They like to talk, play cards and do simple things like needlework. Best of all, they like to just sit."

Another thing that Mr. Cohn's old folks abhor is air conditioning. "In

ONLY BEAUTIFUL BOONTONWARE BRINGS YOU

Every Institutional Advantage with no Institutional Look



The outstanding virtues that put Boontonware into millions of homes have made it ideal for serving large groups.

- Boontonware's smart styling and color make food look appetizing—no heavy, ugly "institutional" pieces, no dull, crazed surfaces.
- Boontonware is practically indestructible—no broken or chipped dinnerware on your shelves.
- Boontonware stacks evenly, handles easily and quietly—no deafening handling clatter, untidy shelves.
- To Sum It Up: Boontonware does all the things good dinnerware should do and in addition . . . it practically pays for itself.

There is a complete line waiting for you—plates, bowls, cups and service dishes. See your regular supply house or write us for the name of your nearest dealer.

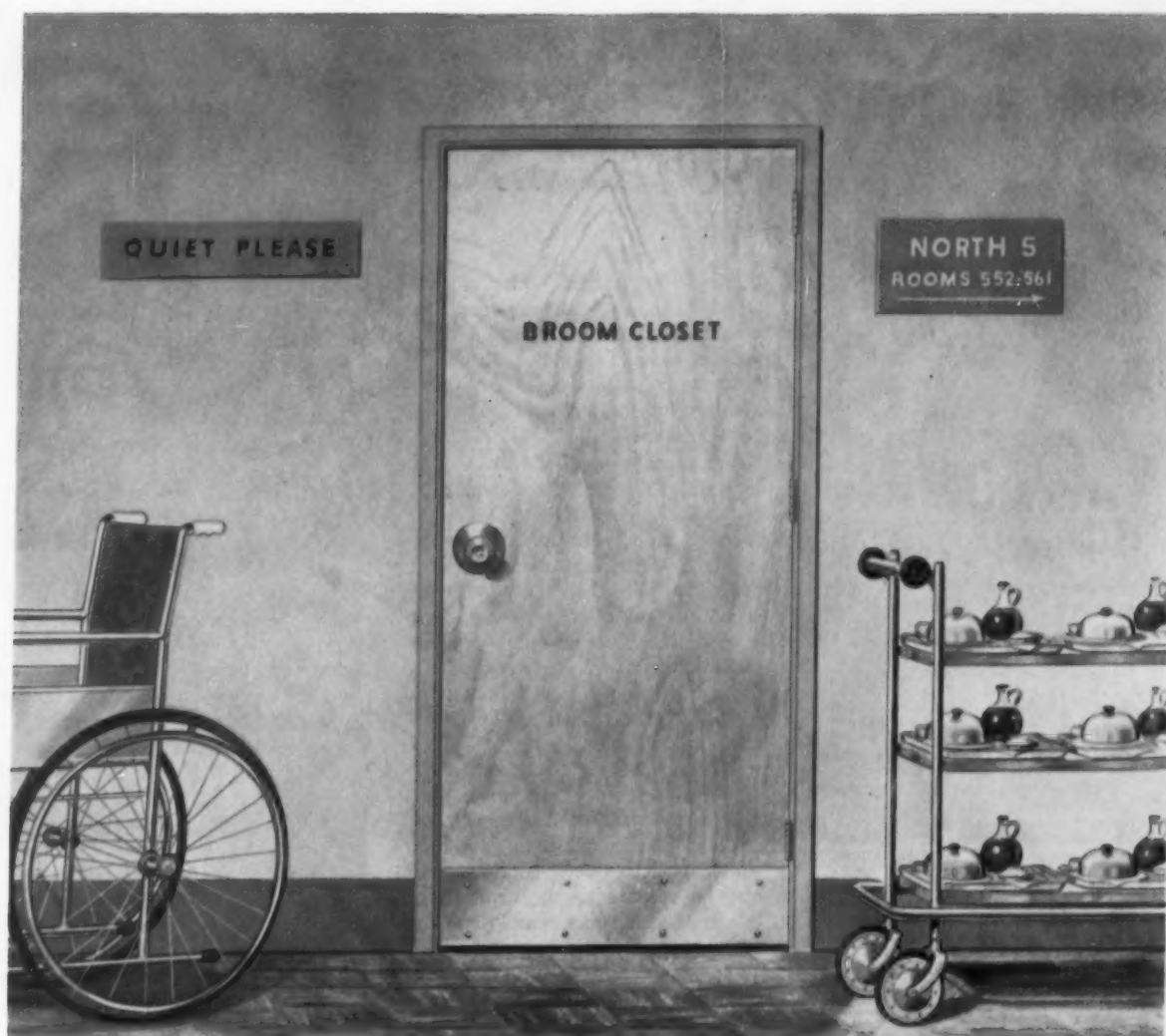
Nine colors to
mix or match
Gray
Pink
Rose
Yellow
Charcoal
Turquoise
Honeydew
Buff
Blue

Boontonware®
MELMAC DINNERWARE AT ITS FINEST—



Boontonware complies with CS 173-50, the heavy-duty melamine dinnerware specification as developed by the trade and issued by U.S. Department of Commerce, and conforms with the simplified practice recommendations of the American Hospital Association.

MANUFACTURED BY BOONTON MOLDING CO., BOONTON, NEW JERSEY



163 filing cabinets full of hospital records... in the space of a single broom closet!

**That's What One Leading Southern Hospital Accomplished
By Microfilming With FILM-A-RECORD®!**

Numerous pieces of paper—the records that make up hospital case histories—present hospital administrators with what probably often seems an unsurmountable problem. Reduce these records to microfilm with FILM-A-RECORD equipment and you've got the surest, fastest

and most inexpensive solution to your storage problem.

Microfilming by FILM-A-RECORD not only reclaims valuable hospital space for important uses but saves time, labor and money as well... and provides a system for easy reference.

*For the detailed story, send coupon for your free copy of CH1074.

Remington Rand
DIVISION OF SPERRY RAND CORPORATION



Room 2070, 315 Fourth Avenue, New York 10, New York
Please send me free copy of CH1074.

Name _____
Street _____
City _____
Zone _____ State _____

2

Where Electricity Must Not Fail!



SPECIFY **ONAN** *Emergency* **STANDBY** **ELECTRIC PLANTS**

Onan engine-driven standby electric plants supply emergency electricity for lighting corridors, wards, operating rooms, delivery rooms, receiving rooms and other critical areas; provide power for operating heating systems, ventilators, elevators, X-ray machines, oxygen tents, aspirators and other vital electrical equipment.

With an Onan Standby Electric Plant, your hospital is assured of electric power at all times . . . for all essential requirements . . . safeguarding patients and personnel. Operation is automatic. When high-line power is interrupted, automatic controls start the plant and transfer the load. When power is restored, the Onan unit stops automatically.



Model 15HQ
15,000 watts

SIZES AND MODELS FOR EVERY NEED

- Air-Cooled: 1,000 to 10,000 watts
- Water-cooled: 10,000 to 50,000 watts

Available unboxed or with steel housing as shown.

Write for Standby Folder

Describes scores of standby models with complete engineering specifications and information on installation.



D. W. ONAN & SONS INC.

3443 University Ave. S. E. • Minneapolis 14, Minn.

my experience, nine out of 10 patients will turn off the air conditioning and ask for a fan instead, no matter how hot it is," he said. "They'd rather sit out on the porch in the heat than stay in their rooms where it's cool."

Herbert D. Moe, director of the state planning agency for Colorado, was named president of the state agency association, succeeding Dr. R. C. Williams of Georgia. Other officers elected were: first vice president, Dr. Edward Mooney, New Jersey; second vice president, Dr. Helen Knudsen, Minnesota; secretary, Dr. Martha O'Malley, Indiana, and treasurer, F. W. Pickworth, Iowa.

At a meeting of the American Association of Hospital Consultants held in conjunction with the convention, planning consultants turned their attention to the development of group medical practice in connection with hospitals. Most of them saw doctors' office buildings as necessary adjuncts to the hospitals of the future. Dr. Dean Clark described the new building for doctors at Massachusetts General Hospital, Boston, where 70-odd staff members have formed a clinic partnership to provide care for private patients.

The group agreed that the growth of group practice clinics in connection with hospitals would continue, and may be speeded by the demands of insurance companies, employers and other consumer groups.

Architects, consultants and administrators attending the convention joined forces on several occasions during the week to sing hosannas for the Hill-Burton program, which was celebrating its 10th anniversary.

At the opening general session, President Ray Brown presented citations to Sen. Lister Hill of Alabama and Associate Justice Harold H. Burton of the U.S. Supreme Court; Marion B. Folsom, Secretary of Health, Education and Welfare; Dr. Leroy E. Burney, surgeon general of the Public Health Service, and George Bugbee, former executive director of the American Hospital Association.

The citations spoke elegantly of how Hill-Burton has "enabled so many communities to meet their hospital needs the voluntary way," and of how its authors' vision and leadership have "led to the improvement of patient care in all areas of the United States."

At one of the planning sessions, Ray Brown used more specific language in adding up the benefits of Hill-Burton. The United States now has

the best balanced hospital system in the world, he declared, the best functionally designed hospitals, the best use of building materials, and the best research in building design and economy.

The College

FOR 23 years ivy has been creeping up the crannied walls of the American College of Hospital Administrators. By last month the College was almost as sedate and peaceful as a cloister.

There was action reported and action taken at the Chicago convention—more enrollees (in excess of 3000), the birth cry of a quarterly academic journal, the adoption of a multiple test examination of scholars, and the Bachmeyer lecture in a new time spot.

Even so, from the procession that opened the convocation until the new president, A. J. Swanson of Toronto, almost simultaneously took up the gavel and rang down the curtain Monday noon, the excitement engendered was more in the nature of a cricket match than a World Series.



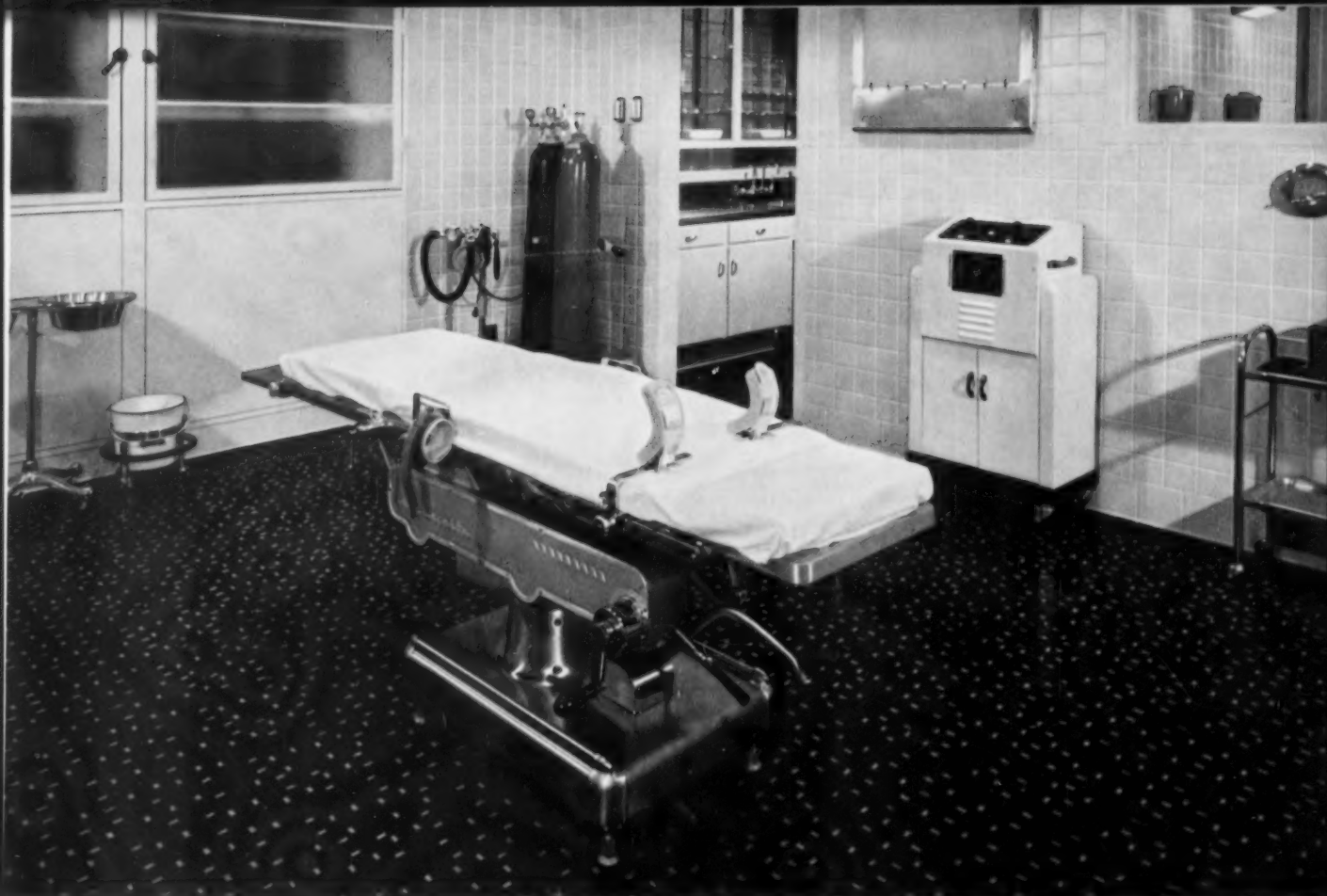
Frank S. Groner

Once, it is true, the spokesman for defeated Jersey politicians campaigning for Anthony W. Eckert for president-elect, grabbed a floor microphone to pat on the back the successful candidate, Frank S. Groner of Memphis, while managing to keep both arms entwined about Mr. Eckert, but this didn't shatter the solemnity of this business session.

Rumor had it that opposition would rear its uncomely head when the matter of publishing "an educational journal" came up in the by-laws' revision. But the journal was presented as *fait accompli*, and its cover bearing the title "Hospital Administration" was waved from the podium with the tidings that before month's end the first issue would be in the mails.

Melvin Sutley of Philadelphia did rise "as a matter of principle" and asked why mention of the publication belonged in the by-laws. All the same, he vowed, he was partial to the idea of an educational journal.

Only one other Collegian—James A. Hamilton—rose to his feet at the session, he to champion the right of Alaska not to be forcibly annexed by



Main Operating Room, North Penn Hospital, Lansdale, Pa., Lawrie and Green, Architects

Just what the doctor ordered!

Walls and floors of spic-and-span American-Olean ceramic tile are a hospital's best guarantee of years of trouble-free performance. Easiest to keep sanitary...lowest maintenance costs...*permanently* bright and cheerful.

Conduct-O-Tile for floors in operating rooms and adjoining areas safely eliminates dangerous accumulations of static electricity, the main cause of anesthetic explosions. Conduct-O-Tile is permanently conductive—needs no waxing or other special treatment.

TILE SPECIFICATIONS: Color Plate 350. Walls: 55 Fern Green. Floor: Block Random, Sprinkle Pattern, $\frac{3}{4}$ " x $1\frac{1}{4}$ " Series, Jet Conduct-O-Tile and Turquoise Shadowflash.

For further information about American-Olean Tile for hospital walls and floors, fill in the coupon.

American-Olean Tile Company

Executive Offices: Lansdale, Pennsylvania
Factories: Lansdale, Pennsylvania • Olean, New York
Member, Tile Council of America

AMERICAN-OLEAN TILE COMPANY
1200 Cannon Avenue, Lansdale, Pennsylvania

Please send me, without obligation:

- ☐ Booklet 600, "Tile for Hospitals," illustrated in full color, showing many actual tile hospital installations.
- ☐ Folder 506: General information on Conduct-O-Tile.
- ☐ Folder 501: Technical details, Conduct-O-Tile.
- ☐ Booklet 206, Catalog of American-Olean Tile Products.

Name _____ (Please Print)
Title _____
Hospital _____
Address _____
City _____ Zone _____ State _____



Tile adds beauty...and subtracts expense!

In so many places—operating suites, utility rooms, corridors, kitchens and cafeterias—to name just a few—the sparkling clear colors of American-Olean Tile bring practical, permanent beauty to a hospital.

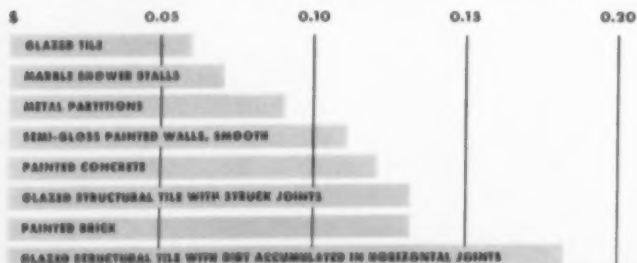
Best of all, tile saves you money! It costs very little—if any—more than other high-grade materials. But the big feature is the money it will save you

over the years. The advantages of tile add up to dollars in the bank: minimum costs for spic-and-span upkeep, no cost at all for repainting or refinishing.

TILE SPECIFICATIONS: Color Plate 332. Walls: 63 Flax Blue. Cap and Base: 65 Iris Blue. Floor: Golden Range Varitone with Maroon Textone Border.

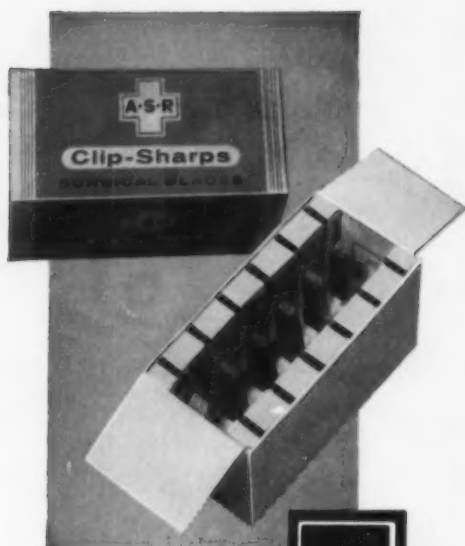
The chart below shows the relative cost of cleaning a square yard of surface, based on an hourly wage rate of \$1.47, as reported by the magazine *Modern Sanitation*.

COST OF CLEANING A SQUARE YARD OF SURFACE



American-Olean Tile Company

Executive Offices: Lansdale, Pa.
Factories: Lansdale, Pennsylvania • Olean, N. Y.
Member, Tile Council of America

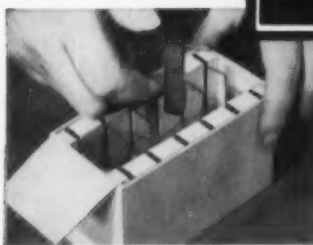


now!
quick,
easy
blade
sterilization
with



Clip-Sharps

TRADE MARK



Remove cover - hold box in one hand. With other hand lift one wire holder (24 Blades) from box.



Grasp the wire clip between thumb and index finger and squeeze the wire. This releases the tension and enables the blades to be easily removed from the clip.



Holding the blades between thumb and index finger, simply slip them onto the rack. It's quick - and easy!

Clip-Sharps® are convenient wire clips containing 24 unwrapped A.S.R. Command Edge Surgical blades. There are six clips per box, protected by rust inhibiting paper.

Any sterilizing rack and any reliable, non-corrosive sterilizing agent may be used.

If you do not wish to sterilize the entire clip of 24 blades, remove only the required number from the clip and place them on the rack arm.

All A.S.R. Surgical Blades are Sharpometer tested. The A.S.R. Sharpometer, *only* device of its kind, measures the critical edge-fineness of every lot of A.S.R. Surgical Blades. These tests enable A.S.R. to guarantee . . . precise, uniform sharpness and dependability for every single blade!

NOW: For extra convenience, blades are alternated on clips.

*Available through your Surgical Dealer.
Write for further information.*



HOSPITAL DIVISION

AMERICAN SAFETY RAZOR CORP.

380 MADISON AVENUE

NEW YORK 17, N. Y.

H-3

Canadian provinces, for representational purposes, as was proposed in a by-law change. Alaska, as championed by Mr. Hamilton, won. The totem pole territory will remain for at least another year as at present—without representation or regional status.

Officer and committee reports took up the entire morning on Monday—once reserved for the brilliant Bachmeyer lecture and reports.

George Buis, reporting for the educational policies committee, urged the College and other professional organizations to curb their desires to con-

trol university programs of hospital administration. "The universities won't accept such control," he maintained.

For its first experience with the modern movement in written examinations, the examination development committee took a satisfied bow. It was told by a test expert that "the A.C.H.A. is the first membership agency in the country to use objective examinations to determine membership advancement." This year's candidates took a multiple choice type of exam, which was scored by machine. President Dewey Lutes would like the same ex-

amination technic used for admission to fellowship ranks, he said.

Last year's dues increase, Secretary Dean Conley told members, has enabled the College to clamber out of the red ink. Furthermore, the sum of \$25,000 has been allocated to the educational fund; part of this is financing the new quarterly journal.

At Sunday's convocation in Orchestra Hall, the academic procession included 83 new fellows, 202 additional members, and 243 nominees.

This convention saw the wedding of Banquet and Bachmeyer Lecture. By next September this unholy union should be dissolved on the grounds of incompatibility. There is a post-banquet somnolence appropriate to the digestion of food but not to the digestion of ideas.

Quips and anecdotes may keep all eyes open after a heavy meal, but Prof. Marshall E. Dimock, the Bachmeyer lecturer of 1956, was paid to feed the audience solid food for thought. This he did, although he was not bound by contract to serve it salt-free. Then he read the speech, and at that hour of the evening it seemed altogether too academic.

On Monday morning Dr. Dimock might well have met the general alertness needed for a talk on "management by objectives." The administrator at the highest leadership level, he said, has four sets of abilities:

1. A philosophical cast of mind accustomed to generalizing, a high intelligence, a free ranging imagination, a willingness and an ability to entertain new ideas, and a certain adventuresomeness.

2. In the area of negotiation, a facility in communication and an ability to deal with men.

3. An ability to relate the total program to particular jobs, a receptivity to executive direction combined with a willingness to assume responsibility, an understanding of the uses and limits of organization, and a facility for inspiring teamwork.

4. Underlying the foregoing skills, an appreciation of social, economic and political relationships and a concern for bringing into administration the democratic spirit.

Frank Groner will be Mr. Swanson's successor next year. Anthony W. Eckert of Perth Amboy, N.J., is first vice president, and Elmina L. Snow of Emerson Hospital, Concord, Mass., second vice president.

New regents elected are: J. Russell

THESE
6 FEATURES
make **B-P CHLOROPHENYL**
containing HEXACHLOROPHENE (G-11*)

the Solution of Choice
for the Rapid Disinfection of Delicate Instruments
for **WARD • CLINIC • OFFICE**

- 1 Non-corrosive to metallic instruments and keen cutting edges.
- 2 Free from unpleasant or irritating odor.
- 3 Non-injurious to skin or tissue.
- 4 Non-toxic, non-staining, and stable.
- 5 Potently effective, even in the presence of soap.
- 6 Economical to use.

*Trademark of Sindar Corp.



In choosing B-P CHLOROPHENYL, you avail yourself of a medium free from phenol (carbolic acid) or mercury compounds . . . one highly effective in its rapid destruction of commonly encountered vegetative bacteria (except tubercle bacilli). See chart.

Compare the killing time of this superior bactericidal agent		
Vegetative Bacteria	50% Dried Blood	Without Blood
Staph. aureus	15 min.	2 min.
E. coli	15 min.	3 min.
Strept. hemolyticus	15 min.	15 sec.

No. 300 B-P INSTRUMENT CONTAINER
is suggested for your convenient and efficient use of BARD-PARKER CHLOROPHENYL. Holds up to 8" instruments.

Ask your dealer
PARKER, WHITE & HEYL, INC.
Danbury, Connecticut

"Once you've got the facts—expansion comes easy!"



Wasn't long ago that Lab was understaffed and cramped for space. Couldn't seem to cope with the steadily increasing work load. But you'd never know it now. Today, there's a *new* Lab — with greater floor space, adequate equipment, more personnel. And the growing pains of the past are just an unpleasant memory.

Why was this hospital so fortunate? It has nothing to do with "luck." The administrator here knows the value of figure facts. And he knows how to make those figures *work* for him.

With prompt reports on his desk, the administrator was in a position to analyze the utilization

of special services by professional services. And from these figures he was able to ascertain the effect that increased use of new techniques was having on Lab's work load—the trend from BMR to PBI, for instance. Thus informed, he was equipped to make a realistic administrative decision to obtain personnel, increase floor space, purchase equipment.

This is but one example of how proper figure facts can point up situations that demand administrative action. For further evidence, write to us today for your complimentary copy of "Better Patient Care Through Administrative Controls."^{*a}

*A paper delivered by
John L. Mayer, Jr.,
at an A.A.H.A. conference,
Orlando, Florida

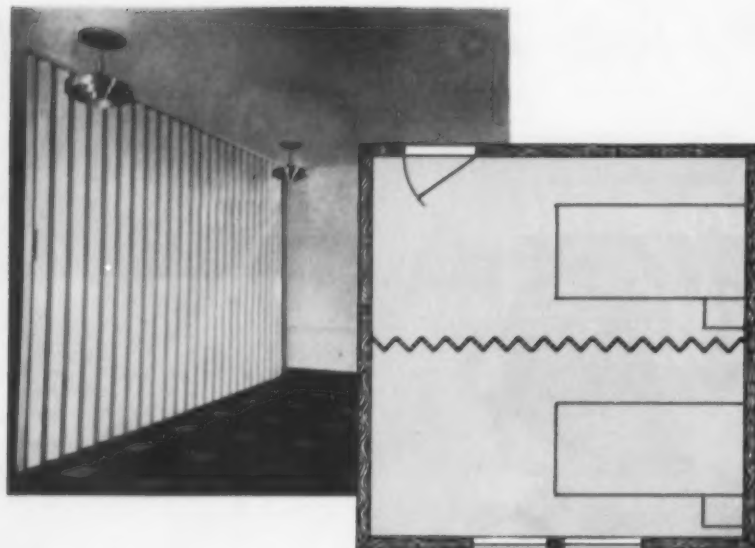


McBEE



**Better patient care
through administrative controls**

The McBee Company, Athens, Ohio
Division of Royal McBee Corporation • Offices in principal cities
In Canada: The McBee Company, Ltd., 179 Bartley
Drive, Toronto 16, Ontario



INCREASE PRIVACY in semi-private rooms

Used as folding walls, PELLA DOORS give a new standard of privacy to both patients in double rooms whenever desired. And, their excellent acoustical qualities reduce noise between the two to a minimum...allowing visitors, radios and other activities in one half with the least disturbance to the other. Install PELLA DOORS as room dividers in offices, too...and as space-saving closet and lavatory closures in all patient rooms.

Sturdily constructed of *solid* wood laminated cores, PELLA door panels are held and hinged by concealed spring connectors...operate smoothly...fold neatly. Attractive veneers of oak, birch, pine and Philippine mahogany add beauty to rooms, clean easily and withstand hardest usage. Pine doors can be color matched to any paint finish. Get PELLA WOOD FOLDING DOORS in stock or custom sizes, finished or unfinished, factory assembled and complete with all hardware. Send for FREE literature TODAY. Distributors throughout U. S. and Canada.

Pella
WOOD
FOLDING
DOORS

ROLSCREEN COMPANY, Dept. H-106, Pella, Iowa

Gentlemen: Please send FREE literature about PELLA WOOD FOLDING DOORS and name of nearest dealer.

NAME _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____

Clark, Brooklyn, N.Y.; Robert S. Hudgens, Lynchburg, Va.; Dr. Robin C. Buerki, Detroit; Bryce L. Twitty, Tulsa, Okla., and R. Fraser Armstrong, Kingston, Ont.

Auxiliaries

IF AUXILIARIES are important enough to muster out more than 1000 members to attend the convention, they're important enough to get a little inside dope on what hospitals are struggling with, Dr. Albert W. Snoke figured.

Digging into the red-hot question of hospital-doctor-trustee relationships, Dr. Snoke explained what was needed to clear up the situation:

1. Get issues clearly in focus.
2. Try to get this clarification back to the hospitals.
3. Form a hospital-physician liaison group on the state level.
4. Clarify hospital organization and authority.

Dr. Daniel Blain, medical director of the American Psychiatric Association, outlined the new concept of the mental hospital—not hospitalization alone, but therapy. He called the rôle of the psychiatric hospital "the development of sound patterns of treatment" and noted the increasing acceptance of psychiatric beds in the general hospital.

Mrs. H. Shelton Smith of the committee on hospital auxiliaries emphasized the need to instill into the auxiliary the firm conviction that it is doing a service and always to keep a challenge before members by way of stimulating their enthusiasm. She warned administrators that the auxiliary needs a lot of appreciation from their level, too.

The project parade was a colorful feature of the conference.

The Raymond Blank Hospital Guild of the Iowa Methodist Hospital, Des Moines, Iowa, won a citation for the best entry in the category of 101 to 300 bed hospitals. Its project provided a heart station in the hospital clinic, equipment and training for personnel to perform heart surgery, and funds for research.

Pioneers Memorial Hospital auxiliary, Imperial Valley, Brawley, Calif., won the competition for hospitals with 100 beds or less. Its project report told of its members' rôle as volunteer workers in the civil defense and disaster plans of the hospital and of a mock disaster drill.

Easy to make pictures like these...
in color or black-and-white... right in your office!



For close-ups: Just hold camera so that frame is close to or at the area to be photographed ($3\frac{1}{8} \times 4\frac{1}{2}$ inches) and click the shutter. Other views are just as easy.



with the *Kodak Technical Close-up Outfit*

*You'll master the know-how
in minutes!*

HERE in this one outfit is the answer for the busy physician who wants to make photographs in his office... record significant steps during treatment... make before-and-after studies, photograph small gross specimens—to mention only a few of the more common uses.

The Kodak Technical Close-up Outfit consists of

Kodak Pony Camera, Kodak B-C Flashholder, a stainless steel bracket and field frame, Kodak Close-up Flashguards A and B; and Kodak Portra Lens with fittings. Price \$62.50, complete.

For further information, see your Kodak photographic dealer or write for literature.

Price includes Federal Tax and is subject to change without notice.

EASTMAN KODAK COMPANY, Medical Division, Rochester 4, N. Y.

Serving medical progress through Photography and Radiography

Kodak

COMING EVENTS

AMERICAN COLLEGE OF OSTEOPATHIC HOSPITAL ADMINISTRATORS, Detroit, Oct. 28.

AMERICAN COLLEGE OF SURGEONS, CLINICAL CONGRESS, Fairmont Hotel, San Francisco, Oct. 8-12.

AMERICAN DIETETIC ASSOCIATION, Hotel Schroeder, Milwaukee, Oct. 9-12.

AMERICAN HOSPITAL ASSOCIATION INSTITUTES: Evening and Night Nursing Service, Adolphus Hotel, Dallas, Tex., Oct. 1-4; Medical Record Library Personnel, Hotel Jefferson, Richmond, Va., Oct. 15-19; Administrators' Secretaries, Edgewater Beach Hotel, Chicago, Oct. 22-25; Operating Problems for Small Hospitals, Vermont Hotel, Burlington, Vt., Oct. 28, 29; X-Ray Technicians, Chicago, Oct. 30-Nov. 1; Hospital Auxiliary Leadership, Cleveland, Nov. 1, 2; Nursing Service Administration, Cincinnati, Nov. 5-9; Operating Problems for Small Hospitals, Winnipeg, Nov. 1, 2; Physical Therapy, San Francisco, Nov. 5-9; Workshop on Disaster Experience, Lake Shore Club, Chicago, Nov. 8-10; Operating Room Administration, Hotel Fresno, Fresno, Calif., Nov. 11-15; Dietary Department Administration, Denver, Nov. 12-16; Operating Problems for Small Hospitals, Westward Ho Hotel, Phoenix, Ariz., Nov. 14, 15; Supervisory Training Workshop, Montreal, Nov. 16-30; Hospital Safety Seminar, Chicago, Nov. 24-30; Maintaining Standards of Patient Care in Hospital Systems, Hershey, Pa., Nov. 28-30; Obstetrical Nursing Service Administration, Toronto, Dec. 3-6; Methods Improvement, Highland Park, Ill., Dec. 3-7.

AMERICAN OSTEOPATHIC HOSPITAL ASSOCIATION, Detroit, Oct. 28-30.

AMERICAN PUBLIC HEALTH ASSOCIATION, Convention Hall, Atlantic City, N.J., Nov. 12-16.

AMERICAN SOCIETY OF ANESTHESIOLOGISTS, Municipal Auditorium, Kansas City, Mo., Oct. 8-12.

ARIZONA HOSPITAL ASSOCIATION, Westward Ho Hotel, Phoenix, Nov. 15-17.

ASSOCIATED HOSPITALS OF ALBERTA, MacDonaid Hotel, Edmonton, Oct. 16-18.

ASSOCIATED HOSPITALS OF MANITOBA, Royal Alexandria Hotel, Winnipeg, Oct. 29-Nov. 1.

CALIFORNIA HOSPITAL ASSOCIATION, San Jose, Oct. 24-26.

COLORADO HOSPITAL ASSOCIATION, Broadmoor Hotel, Colorado Springs, Nov. 6, 7.

CONNECTICUT HOSPITAL ASSOCIATION, South New England Telephone Company Auditorium, New Haven, Nov. 15.

FLORIDA CHAPTER OF THE AMERICAN ASSOCIATION OF HOSPITAL ACCOUNTANTS, Institute and Workshop, Daytona Plaza Hotel, Daytona Beach, Oct. 17-19.

FLORIDA HOSPITAL ASSOCIATION, Jacksonville, Nov. 29, 30.

IDAHO HOSPITAL ASSOCIATION, Hotel Boise, Boise, Oct. 22, 23.

ILLINOIS HOSPITAL ASSOCIATION, Hotel Abraham Lincoln, Springfield, Dec. 6, 7.

INDIANA HOSPITAL ASSOCIATION, Student Union Building, University of Indiana Medical Center, Indianapolis, Oct. 24, 25.

INTERNATIONAL CONGRESS ON MEDICAL RECORDS, Shoreham Hotel, Washington, D.C., Oct. 1-5.

KANSAS HOSPITAL ASSOCIATION, Baker Hotel, Hutchinson, Nov. 15, 16.

MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION, Hotel Shoreham, Washington, D.C., Oct. 31-Nov. 2.

MINNESOTA HOSPITAL ASSOCIATION, Hotel St. Paul, St. Paul, Nov. 9.

MISSISSIPPI HOSPITAL ASSOCIATION, Hotel Edwards, Jackson, Oct. 18, 19.

MISSOURI HOSPITAL ASSOCIATION, Hotel Jefferson, St. Louis, Nov. 8, 9.

MONTANA HOSPITAL ASSOCIATION, Florence Hotel, Missoula, Oct. 10-12.

NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, Hotel Statler, Washington, D.C., Oct. 28-31.

NEBRASKA HOSPITAL ASSOCIATION, Hotel Fontenelle, Omaha, Oct. 25, 26.

OKLAHOMA HOSPITAL ASSOCIATION, Skirvin Hotel, Oklahoma City, Nov. 8, 9.

ONTARIO HOSPITAL ASSOCIATION, Royal York Hotel, Toronto, Oct. 22-24.

OREGON ASSOCIATION OF HOSPITALS, Hotel Senator, Salem, Oct. 8, 9.

SASKATCHEWAN HOSPITAL ASSOCIATION, Bessborough Hotel, Saskatoon, Oct. 24-26.

SOUTH DAKOTA HOSPITAL ASSOCIATION, Sheraton-Johnson Hotel, Rapid City, Oct. 8, 9.

VERMONT HOSPITAL ASSOCIATION, Long Trail Lodge, Pico Peak, Rutland, Oct. 17, 18.

VIRGINIA HOSPITAL ASSOCIATION, Hotel Roanoke, Roanoke, Nov. 16, 17.

WASHINGTON HOSPITAL ASSOCIATION, Chinoak Hotel, Yakima, Oct. 10, 11.

WEST VIRGINIA HOSPITAL ASSOCIATION, Hotel Chancellor, Parkersburg, Oct. 11-13.

1957

ALABAMA HOSPITAL ASSOCIATION, Whitley Hotel, Montgomery, Jan. 24, 25.

AMERICAN HOSPITAL ASSOCIATION, Midyear Conference for Presidents and Secretaries of State Hospital Associations, Palmer House, Chicago, Feb. 4, 5.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Palmer House, Chicago, Feb. 27-Mar. 1.

ASSOCIATION OF WESTERN HOSPITALS, Statler Hotel, Los Angeles, May 6-9.

CAROLINAS-VIRGINIAS HOSPITAL CONFERENCE, Hotel Roanoke, Roanoke, Va., April 4, 5.

CATHOLIC HOSPITAL ASSOCIATION, Statler Hotel, Cleveland, May 27-30.

HOSPITAL ASSOCIATION OF PENNSYLVANIA, Convention Hall, Atlantic City, N.J., May 22-24.

KENTUCKY HOSPITAL ASSOCIATION, Phoenix Hotel, Lexington, Mar. 26-28.

MIDDLE ATLANTIC HOSPITAL ASSEMBLY, Convention Hall, Atlantic City, N.J., May 22-24.

MID-WEST HOSPITAL ASSOCIATION, Hotel President, Kansas City, Mo., April 10-12.

NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION, Ambassador Hotel, Atlantic City, N.J., April 29-May 3.

NEW ENGLAND HOSPITAL ASSEMBLY, Statler Hotel, Boston, Mar. 25-27.

NEW MEXICO HOSPITAL ASSOCIATION, Hilton Hotel, Albuquerque, Mar. 11-13.

SOUTH CAROLINA HOSPITAL ASSOCIATION, Wade Hampton Hotel, Columbia, Jan. 18.

SOUTHEASTERN HOSPITAL CONFERENCE, Atlanta Biltmore Hotel, Atlanta, Ga., April 24-26.

TENNESSEE HOSPITAL ASSOCIATION, Mountain View Hotel, Gatlinburg, May 30-June 1.

TRI-STATE HOSPITAL ASSEMBLY, Palmer House, Chicago, April 29-May 2.

UPPER MIDWEST HOSPITAL CONFERENCE, Auditorium, Minneapolis, May 15-17.

...selection...styling...safety!



Coolers with Stainless Steel or Vitreous China Tops

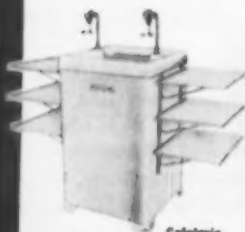
MH-63

It's easy to choose the right cooler or fountain from the complete Halsey Taylor line. Coolers for the busy executive, for cafeterias, for office or shop, for remote installations. Fountains—wall-types or pedestals. Ask for latest catalog.

The Halsey W. Taylor Co., Warren, Ohio.



Pedestal or Wall Fountains



Cafeteria Cooler



Remote Type



Compartment Type

HALSEY TAYLOR

Fountains • Coolers

QUIET:

A Positive Aid to Quicker Recovery

What can be done to help provide patients with proper atmosphere for speedier recuperation? Many hospitals, like Elyria Memorial, have found the practical answer in Acousti-Celotex Sound Conditioning. Irritating noises are arrested in corridors, kitchens, utility rooms, lobbies . . . *before* they filter into wards, nurseries, operating and delivery rooms. Recovery of patients, and efficiency of personnel, are considerably aided by the resulting *quiet comfort*.

Effective, Attractive—A sound-absorbing ceiling of Acousti-Celotex Tile is quickly installed in existing buildings without functional interruption, or during new construction. It needs no special maintenance thereafter. Has a beautiful surface of high sound-absorption value . . . which may be washed *repeatedly* and painted *repeatedly* without loss of sound-absorbing qualities.

No Charge for "Know-How," because you don't pay a cent for the most important part of Acousti-Celotex Sound Conditioning—30 years of sound engineering experience—in acoustical installations of all types, under all conditions. **Mail Coupon Today** for a Sound Conditioning Survey Chart that will bring you a *free analysis* of the noise problem in your hospital, plus a free factual booklet, "The Quiet Hospital." No obligation.



ACOUSTI-CELOTEX

REGISTERED U. S. PAT. OFF.

Sound Conditioning



Products for Every Sound Conditioning Problem—The Celotex Corporation, 120 S. LaSalle Street, Chicago 3, Illinois • In Canada: Dominion Sound Equipments, Ltd., Montreal, Quebec



Corridor in Elyria Memorial Hospital, Elyria, Ohio, showing ceiling installation of Acousti-Celotex Tile (Standard Perforated Pattern). Architect: Schmidt, Garden & Erikson, Chicago, Illinois. Acousti-Celotex Contractor: George P. Little Co., Inc., Cleveland, Ohio.

Mail This Coupon

The Celotex Corporation, Dept. G-106
120 S. LaSalle St., Chicago 3, Illinois

Without cost or obligation, please send me the Acousti-Celotex Sound Conditioning Survey Chart, and your booklet, "The Quiet Hospital."

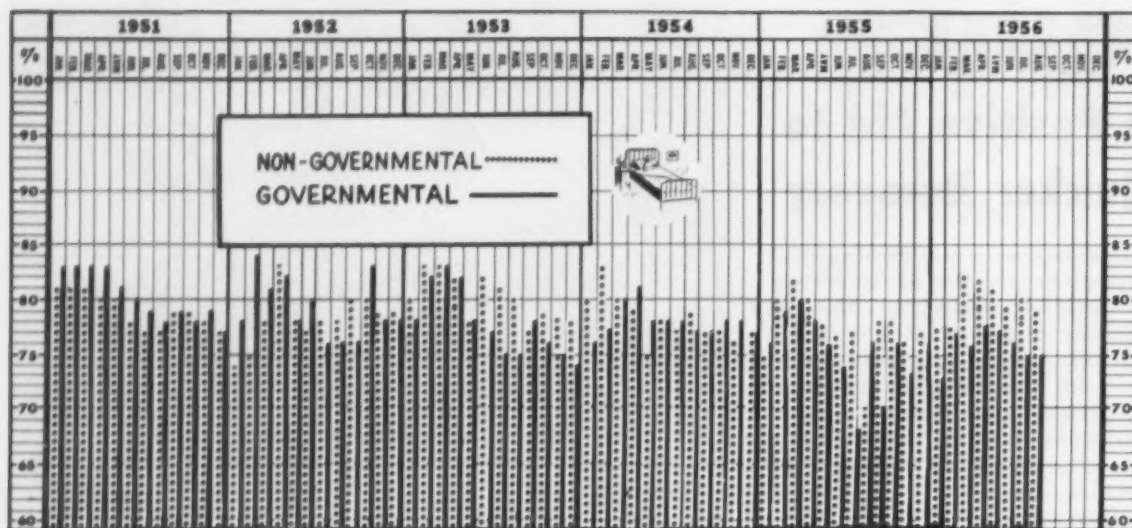
Name _____ Title _____

Hospital _____

Address _____

City _____ Zone _____ State _____

Current Building Totals \$694,271,101



In their reports to the Occupancy Chart for the month of August, voluntary hospitals have shown occupancies at 78.7 per cent of capacity; governmental hospitals reported 74.6 per cent. For the same month last year,

percentages reported were 76.4 and 70.9, respectively.

Construction for the period August 8 through September 3 totaled \$162,175,750, bringing this year's total to date to \$694,271,101. For the similar

period of 1955, the building total amounted to \$56,824,330, and brought last year's construction total to \$549,041,189. Of the current 164 projects, 44 are hospitals, 99 are additions and 14 are alteration projects.

THE
Steriphane
SYSTEM
NEW, MODERN TECHNIQUE
FOR PROCESSING
HYPODERMIC NEEDLES, SYRINGES
AND CATHETERS

WRITE FOR BROCHURE
GIVING COMPLETE INFORMATION
OF THIS
"HOSPITAL ACCEPTED"
TECHNIQUE

SERVING INSTITUTIONS SINCE 1922



New! Different! Better!
Hasco RESISTO-MAT
HOSPITAL MATTRESS

DESIGNED BY
HOSPITAL PERSONNEL
FOR HOSPITALS

- Acid Proof
- Flame Resistant
- Waterproof
- Washable

For ALL
Hospital Beds

For the first time, a mattress that
will not stain • that will not
absorb • that will not flame.

High unit coil count guaranteed for 10
years against breakdown. Sisal Pad in-
sulation over fluffy Grade A cotton felt.

Hasco Specially Processed Extra heavy
ticking. Completely unmarred sleeping
surfaces (without tufting of any kind).
Straight edges simplify bed making •
Four handles for easier mattress turning
and handling • Eight ventilators keep
mattress cool and fresh.

Introductory Offer
MATTRESS 3'x7' or 7'9"
No. 100-5
\$32.50 each
\$31.00 ea. lots of 6
\$31.00 ea. lots of 12
Packed 1 to a carton
F.O.B., N. Y.

Distributed Exclusively by

WRITE
FOR
Full
Details



In Madrid, too, you'll find Pentothal in constant use...



ARBIT BLATAS

contributing to...a world-wide acceptance unmatched
in modern intravenous anesthesia



Twenty years of use, over 2500 published reports—seldom in the history of medicine has a single drug enjoyed such acceptance as that accorded Pentothal Sodium. For this modern intravenous anesthetic is more than just thiopental sodium. It is thiopental sodium *plus* the most exacting control . . . *plus* adaptability to widely varying practices . . . *plus* the most thoughtfully planned dosage forms. *Priceless pluses*, these, making Pentothal Sodium an agent worthy of your trust. **Abbott**

PENTOTHAL[®] Sodium

(Thiopental Sodium for Injection, Abbott)



no pain...
no memory

NO NIGHTMARE OF FEAR

In pediatric anesthesia

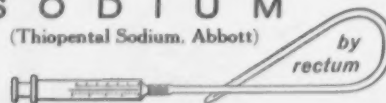
The child who must undergo surgery can be spared the nightmare of the operating room if you order PENTOTHAL Sodium administered rectally. With this notably safe and simple pediatric anesthesia, he goes to sleep pleasantly in his own bed and awakens there after surgery with no memory of the events between. No nightmare of fear to cause post-operative anxieties and create new behavior problems for his parents. And because Rectal PENTOTHAL reduces the dosage of inhalation and supplementary agents, after effects are markedly lessened. Used as a basal anesthetic, or as a sole agent in minor procedures Rectal PENTOTHAL is a notably safe, simple, and humane approach to pediatric anesthesia. Do you have the literature?

Abbott

PENTOTHAL®

SODIUM

(Thiopental Sodium, Abbott)



Early Tile-Tex floors still going strong after a quarter century of hard service

...and today's Tile-Tex

H. M. W.

(Higher Molecular
Weight)

Asphalt Tile

is even better!

You're looking at some of the very first asphalt tile floors installed anywhere. You can imagine the hard wear they have received in a school, a Y.M.C.A., and a church during all these years. The above floors are still in use and are giving satisfactory service. These photographs were taken late in 1955.

Tile-Tex, in addition to being the pioneer manufacturer of asphalt tile, was the first to make vinyl tile commercially. There are many Flexachrome vinyl-asbestos tile floors throughout the country which are still in use after over 15 years of service.

For detailed information on the complete Tile-Tex line, call your local Tile-Tex Contractor . . . he's listed in your classified telephone book. See our listing in *Hospital Purchasing File*. Or write:

THE TILE-TEX DIVISION, THE FLINTKOTE COMPANY
1234 McKinley Avenue, Chicago Heights, Illinois

In the 11 Western states: Pioneer Division, The Flintkote Company, P.O. Box 2218, Terminal Annex, Los Angeles 54, California.

In Canada: The Flintkote Company of Canada, Ltd., 30th Street, Long Branch, Toronto.



Over 30 years ago in 1925, the Tile-Tex Asphalt Tile floor pictured above was installed in the Jesse G. Spaulding School for Crippled Children, Chicago, Ill. Photograph used by permission of Board of Education, City of Chicago, John C. Christensen, Architect.



First Congregational Church of Chicago. Picture shows Tile-Tex Asphalt Tile floor installed in 1932 in one of the nursery rooms.



In 1930, this Tile-Tex Asphalt Tile floor was installed in this Y.M.C.A. on Bowery Street in Akron, Ohio.



TILE-TEX... Floors of Lasting Beauty

Manufacturers of Flexachrome*...Tile-Tex*...Tuff-Tex*...Vitachrome*...Holiday*...Mura-Tex*...Korkolor†
... Holiday Flexachrome*...and Modnar*, the "plank-shaped" asphalt tile.

*Registered U. S. Pat. Off.
†Trademark of The Flintkote Company

ONE REFRIGERATOR

- FOR FOOD SERVICE
- FOR LABORATORY
- FOR GENERAL SERVICE



**JUST CHANGE THE INTERIOR TO
MEET YOUR NEEDS—ONLY TAKES
MINUTES—NO TOOLS REQUIRED**

STA-KOLD • VIMCO • SNO-QUEEN
ALL-METAL COMMERCIAL REFRIGERATORS



EXCLUSIVE ACCESSORIES make possible many adjustable interior combinations for and including biologicals, blood and eye banks, nursery refrigerators, dough retarder & salad refrigerators. This refrigerator accommodates stationary or pull-out shelves, stationary or pull-out meat rails, pan slides and refrigerated or biological drawers. NO OTHER REFRIGERATOR LIKE IT!

Self-Contained, Remote and Pass-Thru models from 15 to 90 cu. ft. capacity in Stainless Steel, Aluminum, Baked White Enamel or Porcelain. Refrigerators available with automatic alarm system that gives warning in the event of power or mechanical failure.

The first Refrigerator in the World to Win the Institutional Feeding and Housing Product of the Month Award.



SEE

THEM AT YOUR DEALERS OR WRITE OR CALL US DIRECT

VICTORY

METAL MANUFACTURING CORPORATION
PLYMOUTH MEETING, PENNA. • Phone: Taylor 8 5000

SOLELY THROUGH
SELECTED
FRANCHISE
AGENCIES

DIRECT FACTORY REPRESENTATIVES IN ALL PRINCIPAL CITIES.



Incubator rides safely on Bassick casters

It's American Sterilizer's Penn "600," a new incubator featuring unusually convenient facilities for infant care.

That's where the sturdy Bassick casters with wing type wheel brakes come in. For smooth safe rolling they just don't make a better caster. They're easy-swivelling and quiet. The brakes guard against any accidental or undesired rolling or moving. And Bassicks protect hospital floors, never mark or gouge them.

Bassick makes dependable casters for almost every kind of hospital equipment. Here are representative types. THE BASSICK COMPANY, Bridgeport 2, Conn. In Canada: Belleville, Ont.



6.51



For hospital beds, specialized method of application now available.



For miscellaneous use, the widest range of sizes and types for all purposes.



For laundry carts, service trucks, etc. "Diamond-Arrow" casters provide easiest action.



Bassick

A DIVISION OF



MAKING MORE KINDS OF CASTERS... MAKING CASTERS DO MORE

Odor Control Is A Profit Builder!



How Hospitals Create "Extra" Rooms... Use Airkem to Lift Odor Veil

Bed availability increases when hospitals lift the invisible, but obvious, odor veil created by patients with malodorous conditions. Odors can keep beds adjacent to these patients empty, depriving the hospital of urgently needed space. Now, beds can be quickly freed, creating "extra" rooms, through the use of Airkem odor control techniques.

Airkem odor counteractants for terminal CA, colostomy, incontinency and other cases requiring continuous odor control are distributed by "Osmefans"—economical, portable circulators. Airkem wick-bottle units are used for less intense odors, or for restricted area treatment.

Surface odors—odors on floors, walls, utensils and appliances—are treated with Airkem 10-39 (deodorant-sanitizer) or Airkem A-3 (detergent-deodorant-sanitizer). These specially compounded cleaning, odor-controlling prod-

ucts neutralize odors without leaving an odor of their own. Airkem techniques are used successfully by over 1,000 hospitals to treat all types of odor conditions in every area of the hospital.

Wound malodors are treated by Airkem Top-O-Chlor, a professionally approved topical dressing. Top-O-Chlor absorbs odors without interfering with normal medication.

Send coupon now for free odor-control survey or additional information.

AIRKEM, Inc., 241 East 44th Street, New York 17, N. Y.

- ☐ Please have Airkem Field Engineer call.
☐ Please send literature on Airkem Odor Control.

Name _____ Title _____

Hospital _____

Address _____

City _____ Zone _____ State _____ MH-10



Odor Control is a Profit Builder
for professional, industrial and
commercial use.



RIVERSIDE HOSPITAL

Architect: James B. Bell, New York City
Engineers: Slocum & Fuller, New York City
Hospital Consultant: Otis Auer,
Glen Ridge, N. J.
General Contractor: Frank Briscoe Company,
Newark, N. J.



LIGHTSTEEL system helps save \$250,000 for Riverside Hospital

A problem in hospital design is high cost . . . of patient comfort factors and fireproof construction. That problem becomes more acute under the confines of a limited budget—as was the case with Riverside Hospital, Boonton, N. J.

When the hospital was planned, comparative cost analyses were made of 32 different designs. Conclusion: Penmetal LIGHTSTEEL framing was just what the doctor ordered—important savings could be effected by using this system. It afforded all the advantages of conventional steel framing, but without the waste and high costs of overdesign.

The building has a total of 450,064 cu. ft. Cost including kitchen equipment, emergency generator, X-ray

equipment, plus an allowance for contingencies came to \$675,000. Thus the cost per cu. ft. is \$1.50. That's 50 cents per cu. ft. under the national average for this type of hospital!

The architect accomplished savings through judicious use of the 3½" punched channel stud spaced 2 feet on center, because it was estimated that there would be no penalty for tying ¾" Penmetal Masterib to this stud.

Economical to buy, LIGHTSTEEL also cut actual erection costs. Because they are light in weight, complete wall units could be shop-assembled . . . then trucked to the job site for immediate placement. Other savings were obtained by precisely engi-

neered openings in the sections which simplified through-frame installation of wiring and plumbing.

Send for details of economical Penmetal LIGHTSTEEL.

PENN METAL COMPANY, INC.

General Sales Office:
40 Central St., Boston 9, Mass.

Plant: Parkersburg, W. Va.

District Sales Offices:
Boston, New York, Philadelphia, Pittsburgh,
Atlanta, Charlotte, Chicago, Detroit, St. Louis,
Minneapolis, Denver, Dallas, Little Rock, Seattle,
San Francisco, Los Angeles, Parkersburg



PM-109

HILLCREST MEMORIAL HOSPITAL, Waco, Texas
 Architect: Walter Cocke, Jr., & Co.
 Acoustical Contractor: United Tile Co., Inc.
 Acoustical Material: Armstrong Arrestone



"O.R." maintenance made easy by this noise-muffling ceiling

Sanitary standards of the modern operating room call for construction materials that are easy to keep spotlessly clean. Ceilings of Armstrong Arrestone meet these strict sanitary standards and fulfill another important function — absorbing distracting noise. The architect considered this dual advantage of Arrestone when he selected this ceiling material for all operating rooms in the new wing of the Hillcrest Memorial Hospital.

Arrestone's metal surface, finished with white, baked-on enamel, can be kept bright and clean by simple washing or by repainting whenever desirable. And Arrestone is highly efficient. It soaks up as much as 90% of the noise that strikes it, providing surgeons and other operating room personnel with the quiet atmosphere that aids efficiency and comfort.

Incombustible . . . Completely fire safe, Arrestone meets the strictest building codes. It will not ignite or aid the spread of flame in any way.

Moisture resistant . . . Scrubbing will not harm Arrestone's enamelled surface, nor will it reduce acoustical efficiency, if normal care is taken to prevent water from soaking the backing pad.

Attractive . . . Arrestone comes in two patterns — regular Arrestone with the familiar diagonal rows of perforations or Full Random® Arrestone in a modern pattern of scattered perforations. Either one is available with a smooth, white enamel surface or in satin finished aluminum.

Free, new booklet, "Quiet at Work," shows how Armstrong sound conditioning can work for you by increasing comfort and efficiency. For your copy, see your Armstrong Acoustical Contractor or write Armstrong Cork Company, 4210 Union Street, Lancaster, Penna.



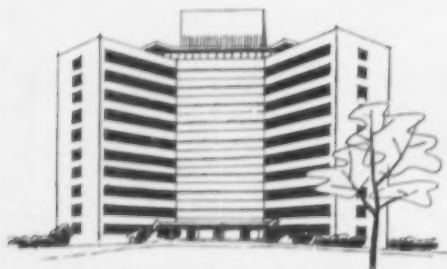
Armstrong

ACOUSTICAL MATERIALS

Cushiontone® • Travertone® • Crestone® • Minatone®
 Arrestone® • Corkoustic® • Perforated Asbestos Board


*TRADE-MARK

MODERN, FIRE-RESISTIVE HOSPITAL CHOOSES GRINNELL SPRINKLERS



Rhode Island Hospital, Providence, R. I.
Architects: SHEPLEY BULFINCH RICHARDSON & ABBOTT
General Contractors: GILBANE BUILDING COMPANY



*Vital work areas get
this  extra measure
of safety*

The new, 12-story Rhode Island Hospital in Providence is exemplary of the latest and best in hospital design. Its facilities include 452 beds, 14 operating rooms, an administrative center, service rooms, cafeteria, kitchen, and office areas.

Despite use of fire-resistive materials in construction, nothing was left to chance. For fire records are filled with cases of "fire-resistive buildings" destroyed by fire. So Grinnell Sprinklers were installed in potential fire areas throughout the building.

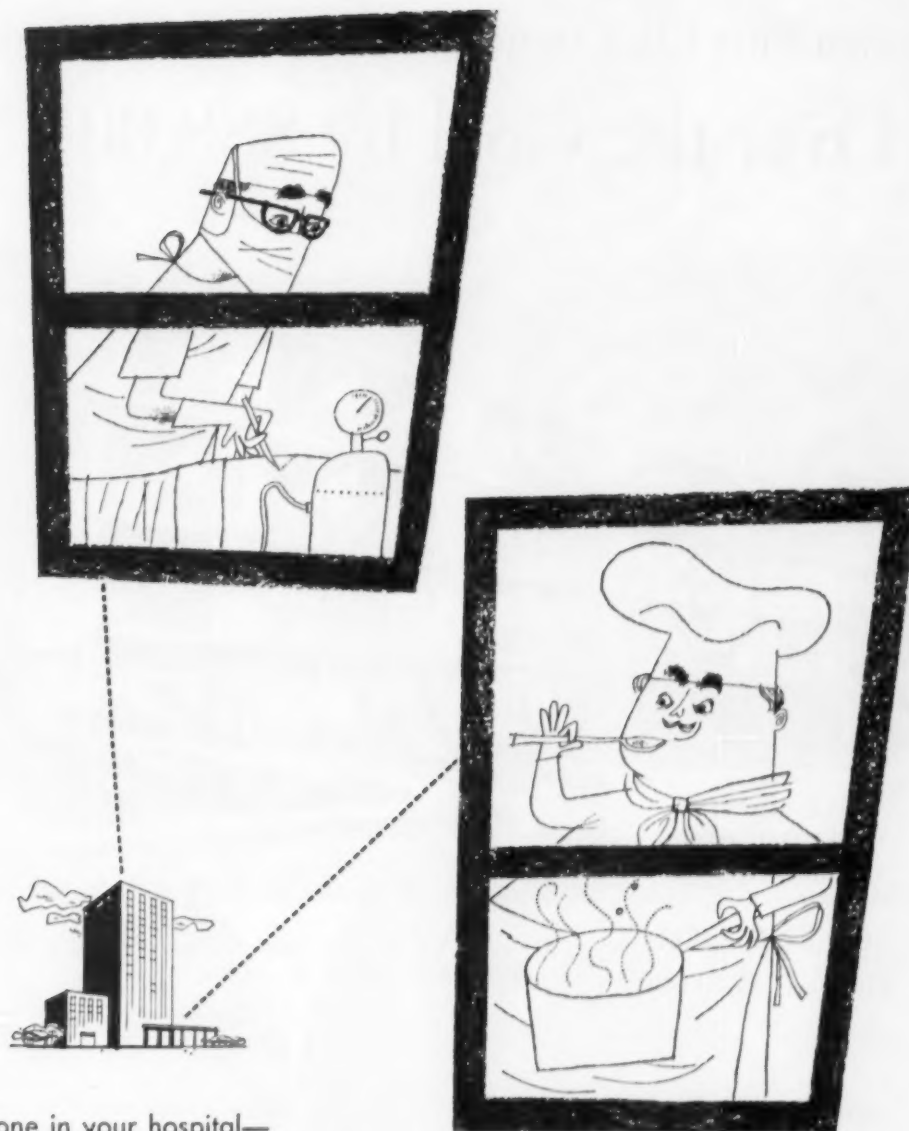
Grinnell Sprinklers stand ready, day and night, year after year, to stop fire when it starts. The cost of such protection, moreover, is small compared to losses from fire, and especially since a Grinnell Sprinkler System reduces insurance premiums.

The best time to consider fire protection is at the planning stage. However, a Grinnell System can be installed in existing buildings with a minimum of inconvenience, and without disrupting normal hospital routine. Write Grinnell Company, Inc., 255 West Exchange Street, Providence, R. I.

GRINNELL
PROTECTION AGAINST EVERY FIRE HAZARD



—Manufacturing, Engineering and Installation of Automatic Sprinklers since 1878—



Everyone in your hospital—

from Surgeon to Chef—ought to use

New Armour U. S. P. Hexachlorophene Soap

Everyone who directly or indirectly comes in contact with your patients may transfer communicable diseases. That's why many leading hospitals now require *all* personnel to use hexachlorophene soap.

Hospitals choose new Armour U. S. P. because they know it is uniformly the finest they can buy. No other manufacturer has stricter laboratory supervision or Armour's experience in producing hexachlorophene soap.

Increase the safety factor in your hospital by supplying Armour U. S. P. Available as a concentrate, or as a ready-to-use liquid in 55-gallon drums. Call your nearby Armour or distributor salesman to place your order. Mail the accompanying coupon today for a trial order.

MAIL THIS COUPON TODAY

PLEASE SEND ME ☐ Trial Order (5 gal. Drum—\$15.00)
 Armour U. S. P. ready to use
☐ Product Information Bulletin—Armour U.S.P.

Name _____
 Hospital _____
 Address _____
 City _____ State _____

ARMOUR

Soap Division

INDUSTRIAL SOAP DEPT.

© Armour and Company • 1355 W. 31st Street • Chicago 9, Illinois

Enthusiasm Puts Elk County General Hospital Campaign Over the Goal by \$88,000



ELK COUNTY
GENERAL HOSPITAL
Ridgway, Pa.
Administrator: F. W. Gradie

Goal: \$652,000
Pledged: \$740,000

Architect's rendering of the 4-story hospital to be built in Ridgway, Pa. Architect: Thomas K. Hendryx, A.I.A., Bradford, Pa.

Four days ahead of schedule, hundreds of volunteers led by enthusiastic community leaders reported pledges of \$740,000 in a hospital service area of only 14,000 population. Individual gifts far exceeded expectations. Employees of the 17 companies in the area pledged an average of \$56.

To produce the spirit that results in this kind of giving requires more than a knowledge of campaign techniques. Volunteers and professionals alike must be truly interested in the needs

of the community and must be able to transmit their interest to others in terms of enthusiasm.

Quentin Graham, President of the Elk County General Board of Trustees, says of the Ketchum staff: "They worked tirelessly, and what is more important, they inspired all of the committees and workers, imparting to them much of their own enthusiasm. Those of us close to the campaign are sure it wouldn't have been possible without the inspired leadership furnished by the Ketchum representatives."

We cordially invite your inquiries, at no obligation

KETCHUM, INC. *Campaign Direction*

CHAMBER OF COMMERCE BUILDING, PITTSBURGH 19, PA.

CARLTON G. KETCHUM, *President*
MC GLEAN WORK, *Vice President*

500 FIFTH AVENUE, NEW YORK 36, N. Y.
H. L. GILES, *Eastern Manager*

NORMAN MAC LEOD, *Executive Vice President*
WALTER M. MEGRONIGLE, *Vice President*

JOHNSTON BUILDING, CHARLOTTE 3, N. C.
G. E. MATTSON, *Southeastern Manager*

Charter Member American Association of Fund-Raising Counsel



HANDS are
the most important
instruments at the
operation . . .

Germa-Medica®

**LIQUID SURGICAL SOAP
WITH HEXACHLOROPHENE**

ASSURES BACTERIOSTATIC SAFETY

Bacteria on the skin may make "the instrument" dangerous — even cause the failure of an otherwise perfect operation.

Bacteria, though ever present on the skin, can be kept at constant low, safe levels with daily use of Germa-Medica Liquid Surgical Soap with Hexachlorophene.

Germa-Medica with Hexachlorophene is an

antiseptic liquid surgical soap of outstanding quality. It offers efficient, effective scrub-up at very low cost . . . as little as 1/5 cent per wash! Besides being fast and safe, a scrub-up technique with Germa-Medica is kind to the skin.

Germa-Medica conditions the hands perfectly for the operation. Make sure it is available beside each scrub sink in your O. R.

**SEND
FOR
TEST
RESULTS
BOOKLET
NOW!**



Huntington  Laboratories

Huntington, Indiana

Philadelphia, Pa.

Toronto, Ontario

TO THE PROFESSION

OF GROWING IMPORTANCE



**ELECTRONIC
PRODUCTS**

*of outstanding quality
and efficiency –
now –
and in the future*

RAYTHEON MANUFACTURING COMPANY

Equipment Marketing Department – Medical Sales, Waltham 54, Massachusetts

EXCELLENCE IN ELECTRONICS

classified advertising

TERMS: 20c a word—minimum charge of \$4.00 regardless of discounts. No charge for "key" number. Ten per cent discount for two or more insertions (after the first insertion) without changes of copy. Forms close 15th of month.

POSITIONS WANTED

ADMINISTRATOR—45; presently employed, 50-bed institution; desires change; 30-bed hospital or larger; over 20 years extensive hospital experience and organization which included x-ray and clinical laboratories and anesthesia; past four years directed to completion 50-bed building program during which time hospital reached new levels of achievement as well as financial stability; location not a factor; references. Apply MW 106, The Modern Hospital, 919 N. Michigan, Chicago 11, Illinois.

ANESTHETIST—Male; member of A.A.N.A.; prefer position on free lance or percentage basis; any location desirable. Apply MW 123, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Ill.

ANESTHETIST—M.D.; trained and experienced all phases anesthesia; available immediately; salary or fees; wife R.N., charge of nurses. Apply MW 125, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Ill.

SUPERINTENDENT OF BUILDINGS, GROUND—Qualified to supervise technical engineering staff; mechanics of all crafts; thirty years experience in both general and psychiatric hospitals of 200-2000 beds; experience in all phases of maintenance, power, heating plant, air conditioning and refrigerating system; possess special talent in safety engineering; very successful in handling of men with normal function of activity; charter member of AHA department of hospital engineers; State and Federal license. Apply MW 124, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Ill.



The Medical Bureau

M. BURNICE LARSON—DIRECTOR

Telephone Delaware 7-1050

900 NORTH MICHIGAN AVENUE CHICAGO

ADMINISTRATOR—Medical; four years, assistant director, 800-bed university hospital; eight years, administrator, 400-bed teaching hospital; F.A.C.H.A.

ADMINISTRATOR—Master's, Business Administration; five years, associate director, university hospital, 800-beds; seven years, director, 400-bed hospital; F.A.C.H.A.

ADMINISTRATOR—M.H.A. Hospital Administration; four years, associate director, teaching hospital, assisting in building program increasing capacity from 200 to 400 beds; five years, director, 225-bed hospital.

ADMINISTRATOR—Professional nurse; B.S. in Nursing; M.P.H., Hospital Administration; three years, assistant administrator, 400-bed general hospital.

ADMINISTRATOR—M.P.H., Hospital Administration Yale; four years, assistant administrator, 400-bed hospital.

ANESTHESIOLOGIST—Diplomate; eight years private practice and director department, 200-bed hospital.

MEDICAL BUREAU—Continued

COMPTROLLER—Eight years, chief accountant and business office manager, university hospital, 800-beds; will consider assistant administratorship.

PATHOLOGIST—M.S., Pathology; Diplomate, Pathologic Anatomy; Clinical Pathology; eight years, director, pathology, 250-bed hospital; recently completed military service.

PERSONNEL DIRECTOR—Professional nurse; A.B., Sociology; received M.P.S. in June.

PURCHASING DIRECTOR—B.S. Degree; eleven years, purchasing director, large teaching hospital.

RADIOLOGIST—Three-year fellowship university center; several years' successful private practice; Diplomate, Diagnostic and Therapeutic X-ray and Radium Therapy.



OUR 60th YEAR

WOODWARD
Medical Personnel Bureau
FORMERLY AINDE'S

3rd floor • 185 N. WABASH AVE.
CHICAGO • I

• ANN WOODWARD • Director

ADMINISTRATOR—B.A., M.H.A., 3 years, assistant administrator, 800-bed university hospital; 4 years, director, 150-bed hospital; outstanding references; Member ACHA.

ADMINISTRATOR—Medical; 6 years, teaching medicine; 4 years, director, very large university hospital; FACHA.

ADMINISTRATOR, Assistant registered nurse; 10 years director, several hospitals; consider assistantship large hospital only in midwest; middle forties.

PURCHASING AGENT—10 years, director, purchases, 700-bed university hospital; excellent references; eminently qualified.

PATHOLOGIST—Trained university hospital; 2 years, assistant pathologist, 1000-bed hospital and consultant, dermatopathology; well qualified clinical hematology, experienced, gastrointestinal pathology, isotopes; Diplomate, pathologic anatomy, clinical pathology; early 30's.

RADIOLOGIST—Trained university center; well qualified, isotopes, high voltage therapy; middle thirties; Diplomate.

INTERSTATE MEDICAL PERSONNEL BUREAU

Miss Elsie Dey, Director
332 Bulkeley Building
Cleveland, Ohio

ASSISTANT ADMINISTRATOR—Degree, Business Administration; M.S.H.A. Degree, eastern university; 3 years office manager—accountant, small Ohio hospital; 2 years administrative resident—assistant, 300-bed hospital.

COMPTROLLER—Degree, University of Pennsylvania, Business Management; 8 years accountant, budget officer, eastern hospital; 3 years office manager, 200-bed hospital.

ADMINISTRATOR—F.A.C.H.A. Degree; mid-western university; 4 years experience assistant director, large teaching hospital, south, past 10 years administrator, 216-bed hospital, east; any location considered.

INTERSTATE—Continued

BUSINESS MANAGER—LL.B. Degree; Degree in Accounting. 10 years experience, 250-bed hospital.

DIRECTOR, NURSING SERVICE—B.S. Degree; special study in counseling and guidance; 18 years experience.

EXECUTIVE HOUSEKEEPER—Normal school graduate; course, Institutional management; 4 years hotel housekeeper, Florida; 6 years executive housekeeper, 300-bed mid-western hospital; good manager; assisted with purchasing.

EXECUTIVE HOUSEKEEPER—7 years housekeeper, 160-bed hospital, New York State; 6 years, 400-bed hospital.

POSITIONS OPEN

ADMINISTRATOR—Assistant or Business Manager; 40-bed general hospital, salary open; experience necessary. Apply Mr. King, Capitol Hospital, 1971 W. Capitol Drive, Milwaukee 6, Wisconsin.

ANESTHESIOLOGISTS—Two required on a full time basis by a 250-bed hospital in Massachusetts; three medical schools in area; salary basis. Apply MO 155, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

ANESTHETIST—Nurse, registered; 185-bed approved hospital; \$450 starting salary, 40 hour week, 3 weeks vacation, sick leave benefits and merit increases. Write Personnel Office, Blessing Hospital, Quincy, Illinois.

ANESTHETIST—Nurse; for obstetrics or surgery, salary open, three weeks vacation the first year, 12 days sick leave per year, accumulative. Apply to Personnel Director, Methodist Hospital, 1600 West 6th Avenue, Gary, Indiana.

ANESTHETIST—Nurse; excellent working condition; \$400.00 per month with annual increases of \$25.00 per month to maximum of \$500.00. Two weeks vacation, after one year, three weeks after five years, minimum of two weeks sick leave; usual employee benefits; Lexington is located in "The Heart of the Bluegrass" famous for horse racing and tobacco industries, home of University of Kentucky and Transylvania College. Apply, Assistant Administrator, Good Samaritan Hospital, South Limestone Street, Lexington, Kentucky.

ANESTHETIST—Position open in 200-bed hospital in Minot, North Dakota; salary according to qualifications; not less than \$400.00 per month plus maintenance; 4 weeks vacation, 40 hour week. For further information write to Trinity Hospital, Minot, North Dakota.

ANESTHETISTS—Nurse; modern 400-bed hospital; staff of 5 nurse anesthetists and 1 anesthesiologist; salary up to \$400 and other benefits; for particulars contact Vincent A. Kehm, M.D., Chief Anesthesia, York Hospital, York, Pennsylvania.

DIETITIAN—Chief; Minnesota; 250-bed hospital; 50 employees in department. Apply MO 150, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

(Continued on page 204)

classified advertising

POSITIONS WANTED

DIETITIAN—Assistant; 170-bed hospital, fully accredited, affiliated with collegiate school of nursing, new, model kitchen; in charge of special diets, teaching, some administration; salary open. Apply D. D. Kramer, Elkhart General Hospital, Elkhart, Indiana.

DIETITIAN—Registered chief; 110-bed general hospital; duties involve therapeutic diet planning, patient contact, general supervising; salary open. Contact M. I. Clement, Saratoga General Hospital, 15090 Gratiot Avenue, Detroit 5, Michigan.

DIETITIAN—Registered; qualified to be head of department, supervising menus, special diets, personnel management and has had some institutional experience; position is in a 200-bed hospital amid pleasant surroundings located in a mid-western Michigan city; attractive living quarters provided if preferred, 40 hour week, 3 weeks vacation, social security, sick leave and holidays with pay; salary open, commensurate with ability and experience. Address applications in writing only to Sunshine Hospital, 700 Fuller Avenue, N.E., Grand Rapids, Michigan.

DIETITIAN—2nd in command; residential city suburban Cleveland; general hospital of 120-beds expanding to 200-beds; residence available; A.D.A., experience desirable; Apply Lake County Memorial Hospital, Painesville, Ohio.

DIETITIANS—Therapeutic dietitians; Barnes Hospital, large teaching hospital; 6 units affiliated with Washington University School of Medicine; beginning salary \$325 per month; social security. Apply, Director of Dietetics, Barnes Hospital, 600 South Kingshighway, St. Louis 10, Missouri.

DIRECTOR OF NURSING—For a 2700-bed state psychiatric hospital, beautiful location; director is responsible for the affiliate school and for nursing service; Degree in nursing education plus administrative and teaching experience required; retirement plan, 40-hour week. For further information write Superintendent, Danville State Hospital, Danville, Pennsylvania.

DIRECTOR OF NURSING OR DIRECTOR OF NURSING SERVICE—For 165-bed general hospital to be expanded to 215-beds in near future; diploma school of nursing; desire person with M.S. degree; but will consider a B.S. degree; salary \$6000 to \$7000 plus full maintenance; applicant should have a good personality, demonstrated administrative ability, and a good background in nursing service; will consider a person to be in charge of nursing service only; salary open for this position; paid vacations, 6 holidays, accumulative sick leave, social security, 40 hour week. Contact Administrator, W. A. Foote Memorial Hospital, Jackson, Michigan.

DIRECTOR OF NURSES—Very modern hospital, popular resort area, excellent opportunity, full responsibility; supervisory experience required; salary dependent on qualifications, about \$5,000; full interview expense by arrangement. Contact Administrator, Schoolcraft Memorial Hospital, Manistique, Michigan.

DIRECTOR OF NURSES—Also Nursing Arts Instructor; 120-bed general hospital, city of 17,000, southern Minnesota; adequate academic preparation and successful experience required. Contact Administrator, Naeve Hospital, Albert Lea, Minnesota.

DIRECTOR OF NURSING—120-bed JCAH approved general, voluntary hospital; salary open commensurate with experience and background; attractive residence nearby; minimum B.A. degree; liberal vacation, sick leave, other allowances. Apply Director, North Adams Hospital, North Adams, Mass.

INSTRUCTOR—Clinical; medical and surgical nursing, fully accredited school attached to 400-bed, general hospital, 25 minutes from Times Square, staff or head nurse experience, B.S. preferred; liberal personnel policies. Apply Personnel Director, The Brooklyn Hospital, 121 DeKalb Avenue, Brooklyn 1, New York.

INSTRUCTOR FOR NURSES' AIDES—General hospital treating men, women and children; 128 adult and pediatric beds plus 24 bassinets; 40 hour week; salary open. Apply Director, Woman's Hospital, 1940 East 101st Street, Cleveland 6, Ohio.

INSTRUCTOR—Nursing: \$4128 per year to start, yearly raises to \$5160, 40 hour week; must have completed and approved school of nursing course, supplemented by completion of a standard college course in nursing education and 1 year experience in a mental hospital. Please send a complete resume to Personnel Office, P.O. 271, Petersburg, Virginia.

(Continued on page 206)

NEW

Saves time Simplifies O.R. procedure

DEKNATEL

dry sterile
**READI-WOUND
LIGATURE REELS**

Samples submitted upon request.

J. A. DEKNATEL & SON, INC.
QUEENS VILLAGE 29, NEW YORK

Actual Size



- Size is clearly marked on reel.
- Length of reel insures proper fit in hand.
- No need for holders of any kind.
- Eliminates whiplashing, tangling.
- Reduces O.R. handling to minimum. Merely open sterile tube and ligature is ready to use.
- Dependable Deknatel Surgical Silk and Cotton. Five yards per reel, three dozen reels in jar or can, dry sterile.

New nursery equipment?

...YOU'LL WANT THIS!

SEND FOR THIS USEFUL FREE BROCHURE TODAY

A. S. ALOE COMPANY
1831 Olive St., St. Louis 3, Mo.

Please send Nursery Equipment Brochure.

Name.....

Hospital.....

Street.....

City and Zone..... State.....

Prepared by recognized specialists in equipment selection for the modern nursery. Itemizes equipment for both nursery and formula rooms. Lists and illustrates with diagrams and floor plans every piece of equipment you'll need to modernize your nursery. Gives minimum equipment requirements; describes desirable features of recommended units. To request your copy just fill out and return coupon above or jot a note on your hospital letterhead.

A. S. ALOE COMPANY — BETTER HOSPITAL EQUIPMENT FOR BETTER HOSPITAL CARE

1831 OLIVE STREET, ST. LOUIS 3, MISSOURI • LOS ANGELES • PHOENIX • SAN FRANCISCO • SEATTLE • DENVER • MINNEAPOLIS
KANSAS CITY • DALLAS • NEW ORLEANS • ATLANTA • MIAMI • WASHINGTON, D. C.

classified advertising

POSITIONS OPEN

INSTRUCTOR IN PSYCHIATRIC NURSING—Salary commensurate with background and experience; degree required; liberal personnel policies. Contact Dean, School of Nursing, Northwestern State College, Natchitoches, Louisiana.

LIBRARIANS—Medical records; basic knowledge modern medical records, methods and techniques; must be registered; new hospitals in Kentucky, Virginia, and West Virginia; good personnel policies, including forty hour work week, four week paid vacation, non-contributory retirement plan. Please send applications to Mr. Philip J. Olin, Miners Memorial Hospital Association, 1427 "I" Street, N.W., Washington 5, D.C.

LIBRARIAN—Medical record; registered or experienced; 40 hour week, 8 hour day, salary open; general hospital 200-beds. Phone Woodward 2-8551 or write Box 840, Battle Creek, Michigan.

LIBRARIAN—Record; chief, 345-bed and 50 bassinets hospital; organizational and administrative ability required; salary open pending qualifications and experience; five day work week. Apply Administrator, Kentucky Baptist Hospital, 810 Barret Avenue, Louisville 4, Kentucky.

LIBRARIAN—Medical record, registered; to head department in approved hospital, 165-beds and 50 bassinets; organizational and administrative ability required; salary open. Apply Administrator, W. A. Foote Memorial Hospital, Jackson, Michigan.

LIBRARIAN—Medical record; registered; to assume charge of record room; 135-bed general hospital; 40 hours; salary open. Contact Miss G. A. Cooper, Woman's Hospital, Cleveland 6, Ohio.

LIBRARIAN—Superior opportunity for RRL to head medical records department in modern 650-bed general hospital; outstanding medical staff cooperation; excellent salary commensurate with experience; progressive personnel policies including social security and hospital pension plan. Contact Director, Miami Valley Hospital, Dayton 9, Ohio.

MISCELLANEOUS—Martinsville General Hospital, Martinsville, Virginia. Wanted two 11-7 Supervisors; Operating room nurse; General duty nurses for all shifts; salaries open according to qualifications. Apply Director of Nurses.

MISCELLANEOUS—Personnel Director, 2-11 House Supervisor, Operating Room and General Duty Nurses—Modern 278-bed general hospital in the beautiful and enchanting northwest; has nursing school diploma program; liberal personnel policies, 40 hour week, salary open. Apply Director of Nurses, Deaconess Hospital, Spokane, Washington.

(Continued on page 208)

NURSES—Interested in dynamic tuberculosis program in suburbs of Nation's capital; all civil service benefits; opportunities for academic and professional growth arranged. Write Director of Nursing, Glenn Dale Hospital, Glenn Dale, Maryland.

NURSES—General duty; for 165-bed general hospital, southern Michigan community of about 60,000; starting salary \$310 per month for 5½ day week; \$282 per month for 5 day week; bonus for evening and night work, free laundering of uniforms, five regular increases during first five years, two longevity increases thereafter; 2 weeks vacation, 6 holidays, accumulative sick leave, social security. Contact Director of Nursing, W. A. Foote Memorial Hospital, Jackson, Michigan.

NURSES—General duty; 56-bed general hospital, 20-beds to be added this summer; 40-hour week, starting salary \$275, additional for 7 to 11 and 11 to 7; liberal personnel policies; hospital located in southern California; joins Los Angeles on the west and Pasadena on the north. Apply Director of Nurses, Mrs. Norene, Alhambra Community Hospital, Alhambra, Cal.

NURSES—Graduate professional; openings on all services, 600-bed teaching and research hospital; opportunities for continued study; exceptional personnel policies; beginning salary \$260.91 per month with annual increments. For further information write Associate Director Nursing Service, University Hospital, Baltimore 1, Maryland.

NURSES—Operating room; male and female; immediate appointments for staff and head nurses in medical center; all types of special surgery; 30 days vacation, 8 paid holidays; staff nurses—\$320 to \$335 per month; head nurses \$335 to \$375; evening duty differential \$40; night duty \$30. Write to Associate Director, Nursing Service, Michael Reese Hospital Medical Center, Chicago 16, Illinois.

ELIMINATE floor cleaning NOISE with **WHITE** SILENT mopping equipment

White Silent Floor Cleaning Equipment is especially made for use in hospitals and institutions where quietness is essential. That annoying slamming of buckets and mop wringers in corridors and patients rooms is eliminated in White Silent cleaning tools. The buckets are fully insulated with a heavy rubber base and at all points of metal to metal contact.

Illustrated at the right is the famous White Silent mopping outfit which consists of two insulated buckets, a "Can't Splash" wringer and a special designed truck mounted on large soft rubber wheels and fully protected by rubber for silent operation.

The Silent "Rol' Ovl" mop wringer below is equipped with rubber rollers.

White floor cleaning equipment is quality thru-out with years of service built-in, plus the added feature of Silent operation.



WHITEY MOPZUM says!
All metal contact points
are thoroughly insulated
for silent operation.



ISMS
SHOW
BOOTH
234
OCT.
14-16
N.Y.
COLISEUM

WHITE MOP WRINGER CO.

9 MOHAWK STREET • FULTONVILLE, N.Y.
Canadian Factory: Paris, Ontario, Canada

The ONE complete line of FLOOR CLEANING EQUIPMENT

Simple Arithmetic...

Type 302, Sheet Base Price **47.50** cents per lb.

Type 430, Sheet Base Price **-36.75** cents per lb.

Saving 10.75 cents per lb.
in Stainless SHEET Costs!

Now you can SAVE \$215 per ton in base price alone!

Many designers and fabricators who are currently using Type 302 stainless can, in numerous applications, specify Type 430 straight chromium stainless and take advantage of the 10¾ cents per pound difference in base price. Some of our customers are already saving more than \$215 per ton using our 430 MicroRold stainless sheet.

The steel industry estimates that 50% of all stainless sheet applications could satisfactorily employ Type 430, the least

expensive of all stainless grades, as an economical and practical material. When properly applied, Type 430 has all the desirable qualities of beauty, corrosion resistance, strength, long life and low maintenance that no other material, except stainless, can offer.

We are currently producing our MicroRold Type 430 sheets up to 48" wide in thicknesses .005" to .109" with 2B or 2D finishes; and in thicknesses .010" to .109" in No. 3, 4 and 7 finishes.

Send for Your copy, "Care and Use of 430 MicroRold Stainless Steel"

Washington Steel Corporation

10-FF WOODLAND AVENUE, WASHINGTON, PA.



classified advertising

POSITIONS OPEN

NURSES—Graduate; general duty and operating room, hospital located on university campus; salary \$300.00 per month plus departmental and shift premiums. Apply Director of Nursing, Palo Alto Hospital, Palo Alto, Calif.

NURSES—Operating room; 300-bed hospital, 40 hour week; all cash salary-bonus for on call; special consideration for experience and advancement preparation; social security and retirement plan. Apply Director of Nursing, Mercer Hospital, Trenton 8, New Jersey.

NURSE—Operating room; for modern air-conditioned, two room suite, in 52-bed general hospital; 12 days sick leave, 2 weeks vacation annually, paid holidays, annual bonus, 40-hour week; salary open. Apply Director of Nurses, Parkview Hospital, 1920 Parkwood Avenue, Toledo 2, Ohio.

NURSES—Psychiatric; for supervising psychiatric buildings and attendants; mature, experienced; \$3,000 per year, board, room and laundry available at \$480 per year; social security and pension. Send full information to Director of Nurses, Brattleboro Retreat, Brattleboro, Vermont.

NURSE—Registered; interested in teaching practical nursing; opportunities to develop own program; school not approved at present; desire individual capable of developing program which will meet State approval; small town located in south east Pennsylvania. Apply MO 144, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

NURSES—Registered; eligible for California registration needed; 10 openings; general duty start \$332 range to \$415; shift differential \$15 to \$25; special categories with salaries in accordance; quarters provided; vacations, 40 hour week, paid holidays, cumulative sick leave and health plan. Apply Director of Nursing, Humboldt County Community Hospital, 2200 Harrison Street, Eureka, California. Phone: Hillaide 2-6433.

NURSES—Registered; for modern psychiatric hospital in Greens Farms, Connecticut; 1 hour from New York; Hall-Brooke nurses have 8-hour duty, optional 5 or 6 day week, nicely furnished private rooms; excellent salary, 7 paid holidays annually, or equivalent; sick leave; vacation, minimum 2 weeks, maximum 4 weeks dependent on length of service; profit-sharing plan; psychiatric experience not necessary; registered or eligible in State of Connecticut. Apply Mary R. Walsh, R.N., Directress of Nursing, Hall-Brooke, Box 31, Greens Farms, Connecticut. Tel. Westport—Capital 7-5105.

NURSES—Registered; Massachusetts General Hospital, Boston, Massachusetts; excellent clinical facilities, opportunity for advancement and attendance at local colleges; liberal personnel policies. Apply Personnel Department A-10 for further details.

NURSES—Registered; for new 10-bed hospital; starting salary \$275, increases to \$300 a month; rotating shifts, sick leave, 2 weeks paid vacation, overtime pay, free meal when on duty, 6 holidays. Please write McCone County Hospital, Circle, Montana.

NURSES—Registered operating room; staff positions in 400-bed, teaching hospital, 25 minutes from Times Square; salary \$270-\$290 per month; 5 days, 40 hour week; 4 weeks vacation; 21 sick days, 7 holidays. Apply Personnel Officer, The Brooklyn Hospital, 121 DeKalb Avenue, Brooklyn 1, New York.

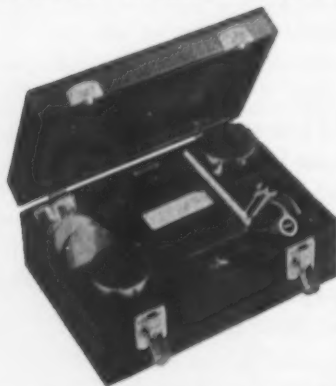
NURSES—Registered; there are positions open for staff and assistant head nurses in the new 277-bed University of Oregon Medical School Hospital in Portland, Oregon; arrangements may be made for attending classes on campus which lead to baccalaureate or masters degrees in nursing. For full information write to Director of Nursing Service.

NURSES—Registered; 332-bed general hospital; starting salary without experience \$13.20 per day, bonus afternoon and night duty \$1.50, paid holidays, sick leave, vacation, social security; openings on various services. Contact Director Nursing Service, St. Thomas Hospital, Akron, Ohio.

NURSES—Supervisor; general duty operating room, 66-bed fully approved non-denominational hospital, salaries open, 40 hour week; personnel policies comparable to others in area; large private room in nurses home, if desired. Write Director of Nurses, Mercy Hospital, 1430 South High Street, Columbus 7, Ohio.

(Continued on page 210)

For Safety in Operating Rooms Check Conductive Flooring with **NEW!** STICHT CONDUCTIVITY TEST KIT



MODEL F-2
•
TEST VOLTAGE
500 VOLTS
•
COMPLETE WITH
TWO 5-LB.
ELECTRODES,
TEST LEADS,
RUBBER DISCS
AND FOIL.

In accordance with all requirements of NFPA Booklet 56, "Recommended Safe Practice for Hospital Operating Rooms".

LIGHT WEIGHT • SMALL SIZE • DIRECT READING
SIMPLE TO USE • SAFE • CURRENT LIMITED
Write for Bulletin 452-MH

HERMAN H. STICHT CO., INC.

27 PARK PLACE,
NEW YORK 7, N. Y.

OVER 14,000 SUBSCRIBERS EVERY ISSUE

MAIL THIS COUPON

Circulation Dept., Modern Hospital Publishing Co.,
919 N. Michigan Ave., Chicago 11, Ill.

Send the next 12 issues of **THE MODERN HOSPITAL**
and bill me for \$4.00. (Outside U.S., its Possessions
and Canada, \$6).

Name _____

Street _____

City _____

Zone _____

State _____

Position _____

Hospital _____

The MODERN HOSPITAL

919 N. Michigan Ave.

• Chicago 11, Ill.



**unique
new**

INCERT®

the only one-step sterile additive vial
for use with parenteral solutions

AUTOMATIC—NO AMPULES, NEEDLES, SYRINGES

You just remove tamperproof tip and push sterile plug-in through large hole in stopper of solution bottle. Pressure differential causes drug to be drawn into solution bottle instantly and automatically.

EXCLUSIVE HOSPITAL-USE FEATURES

Saves Time—Makes possible instantaneous automatic supplementation of bulk parenteral solutions.

Saves Money—No needles, syringes or ampules required. Reduces preparation time, labor and expense.

Permits Sterile Technique—Gives complete protection at preparation stage... permits uninterrupted sterility. INCERT contents never exposed to air.

Easier to Use—The INCERT vial is a one-step parenteral additive unit, so simple compared with conventional methods.

NOW AVAILABLE IN INCERTs

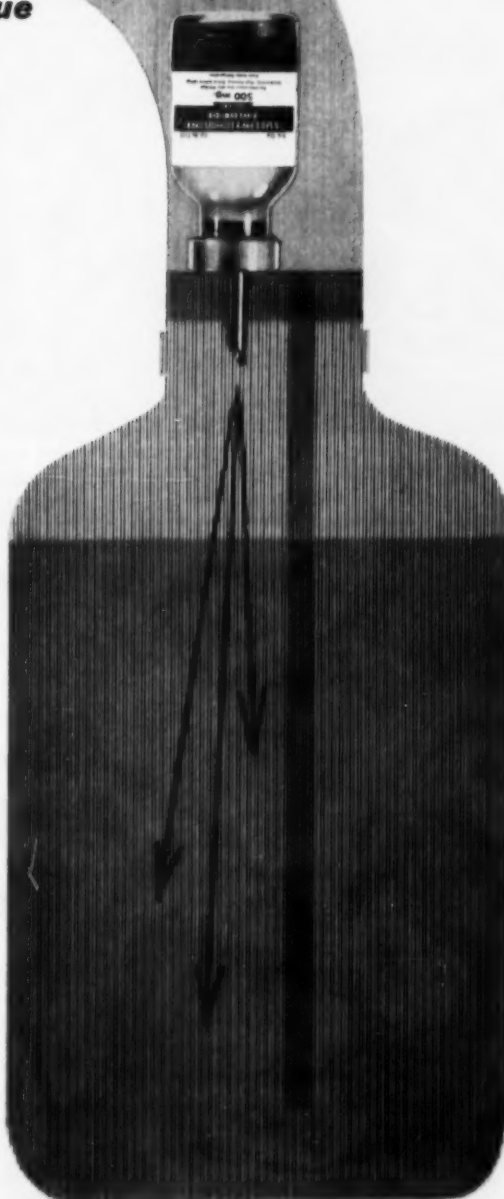
SUCCINYLCHOLINE CHLORIDE 500 and 1000 mg. in sterile solution

LYOPHILIZED B Vitamins with 500 mg. Vitamin C

POTASSIUM CHLORIDE 20 and 40 mEq. in sterile solution

POTASSIUM PHOSPHATE 30 mEq. K^+ and HPO_4^{2-} in sterile solution

CALCIUM LEVULINATE (10% solution) 6.5 mEq. Ca^{++} in sterile solution



TRAVENOL LABORATORIES, INC.

PHARMACEUTICAL PRODUCTS DIVISION • BAXTER LABORATORIES, INC. • MORTON GROVE, ILLINOIS

06058

classified advertising

POSITIONS WANTED

NURSES—Registered; (2) for general duty in 18-bed hospital; salary \$265 to \$300 plus partial maintenance, sick leave and holidays. Write Superintendent, Beaver County Hospital, Milford, Utah.

NURSES—Registered; for 25-bed hospital; 40 hour week; starting salary \$340. Apply Head Nurse, Valley Presbyterian Hospital, Palmer, Alaska.

NURSES—Surgery; 2, for small hospital close to Chicago; 40 hour week; salary open; can furnish maintenance. Apply Highwood Hospital, 60 Pleasant Avenue, Highwood, Illinois.

SUPERINTENDENT OF NURSES—150-bed general hospital; fully approved by Joint Commission on Accreditation; metropolitan area, northeast Ohio; suitable experience required, no training school; salary open. Apply MO 133, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

SUPERVISOR—Obstetrics; post graduate work in obstetrics and supervisory experience required; immediate opening; modern and up-to-date department; social security and excellent personnel benefits. Apply Director of Personnel, White Cross Hospital, 700 North Park Street, Columbus 8, Ohio.

SUPERVISOR—Operating room; modern 400-bed hospital; well qualified person needed; salary commensurate with experience; liberal personnel policies. Apply Superintendent of Nurses, York Hospital, York, Pennsylvania.

TECHNICIAN—General laboratory; male or female. Apply MO 135, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Ill.

TECHNICIAN—Laboratory; 125-bed hospital; excellent positions open for two clinical laboratory technicians who will qualify for the California Board; salary open; one month's vacation with pay, transportation expenses reimbursed if satisfactory. Communicate San Antonio Community Hospital, Upland, California.

TECHNICIAN—Laboratory; eligible for California license, for 75-bed hospital; very desirable location on Monterey Bay; generous personnel policies; salary open. Contact Laboratory Director, Watsonville Community Hospital, Watsonville, California.

TECHNICIAN—General laboratory; male or female; two positions open, ultra-modern lab and hospital; delightful college town near Denver and Estes Park; salary \$300 and extra for call; full time pathologist and school for lab. technicians; this is an unusual opportunity. Apply H. H. Hill, Administrator, Weld County General Hospital, Greeley, Colorado.

TECHNICIAN—Laboratory; needed for general all around work; excellent working conditions; good pay with complete maintenance; vacations, holiday time and sick leave with pay. Write for full details Mt. Desert Island Hospital, Bar Harbor, Maine.

TECHNICIAN—Laboratory; experienced with background in chemistry; promotion to head if qualified; also wanted Blood Bank Technician, 225-bed hospital, 40 hour week, full maintenance. Apply Physicians Hospital, Plattsburgh, New York.

TECHNOLOGISTS—Medical; opportunities now in well equipped general laboratory of 367-bed hospital; liberal personnel policies including three weeks vacation, two weeks paid sick leave, eight paid holidays and no night or week-end work; technologists are supervised by two certified pathologists; salary commensurate with training and experience. Apply Director of Laboratories, Waterbury Hospital, 64 Robbins Street, Waterbury, Connecticut.



OUR 60th YEAR

WOODWARD
Medical Personnel Bureau
FORMERLY AYDRES

3rd Floor • 185 N. WABASH AVE.
CHICAGO • I
• ANN WOODWARD • Director

ADMINISTRATORS—(a) Non-medical; 140-bed hospital for mental deficient; expanding to 200-beds; psychiatric experience not required; \$12,000, full maintenance, plus 7 room beautifully furnished home not on hospital grounds; near large university city; high, dry, warm climate; southwest. (b) Medical; Neuropsychiatrist or psychiatrist; fairly large institution for adult and children; \$12,000, large furnished home and complete maintenance; west. (c) Administrative director of Study Commission

(Continued on page 212)

UNCONDITIONALLY GUARANTEED

HOSPITAL SHEETING

of every type and weight

ALL RUBBER • FLANNELETTE • PLASTIC



by



RUBBERIZED heavyweight COATED SHEETING

Double coated hospital sheeting. Guaranteed to comply with all the requirements of CS TS-3551a as issued by the National Bureau of Standards and Federal Specification ZZ-S311A.

ELECTRIC CONDUCTIVE SHEETING

Double coated fabric. Conforms to specifications of National Fire Protective Association. Color: black. .020 thickness.

WONTARE HEAVYWEIGHT PLASTIC

The most durable type of unsupported heavyweight Vinylite sheeting, embossed. Soft, flexible. Will not crack or stick whether wet or dry. Can be sterilized.

Available in 12, 25 and 50 yard rolls.

PLYMOUTH RUBBER COMPANY, INC.

The Largest Rubberizers of Cloth in the World

Canton, Massachusetts



new hospital furniture . . . by THONET

provides a home-like atmosphere

Warm and friendly wood hospital furniture by THONET brings a reassuring suggestion of home into the hospital room. Functional and contemporary in styling . . . engineered to meet the requirements of efficient hospital operation, this 800 group is available as a complete room, or as single pieces to meet your every space requirement.



#1006 High back chair



#7001 Over-bed table

#803 Bed



#701 Footstool



#824 Bedside-Chest

#833 Dresser Desk



#1294 Side chair



Write today for our illustrated folder H-800, Dept. K10

THONET INDUSTRIES, INC.
One Park Avenue, New York 16, N. Y.

SHOWROOMS IN: NEW YORK, CHICAGO,
LOS ANGELES, DALLAS, STATESVILLE, N. C.

classified advertising

POSITIONS OPEN

WOODWARD—Continued

on mentally handicapped; report to executive committee of 7 hospital organizations; some travel. (d) General voluntary hospital relatively new, 300-beds; south. (e) General county hospital 100-beds; California. (f) General voluntary hospital 100 beds now in planning stage; Eastern seaboard. (g) Assistant; with M.H.A.; will consider 2 years experience from B.A. course as equivalent; Public A or accounting may be substituted for 1 year on above; university affiliated hospital 900-beds; \$7500 to \$8500. (h) Associate administrator; general voluntary hospital increasing to 200-beds; \$8000 to \$10,000. (i) Voluntary general hospital, 225 beds; \$8000; midwest. (j) Assistant; general voluntary hospital, fairly large; vicinity Detroit. (k) Assistant; 140 bed general voluntary hospital; capable assuming responsibility in absence of administrator; requires M.H.A. or experience; east. (l) Assistant; report to medical director; 300-bed general county hospital; \$8000; California.

ADMINISTRATORS—Women: (a) R.N. or non-medical; general, 100-bed hospital, to be constructed; lovely Eastern residential area. (b) R.N. or non-medical; 50-bed general hospital, expanding in next 2 years; progressive trade center, Pacific Northwest. (c) Lay or non-medical; voluntary general hospital 50-beds; town 5,000; near lovely college community; midwest.

WOODWARD—Continued

ANESTHETISTS—(a) By 3-man clinic group, recently occupied new, modern clinic building; \$500; lovely college, resort community, southwest. (b) Highly regarded, long established 12-man clinic group; operate 65-bed general hospital; \$500; university city; midwest. (c) Fully approved, general hospital 300-beds; to \$600; lovely new England residential community.

DIETITIANS—(a) Full charge of busy, well staffed department; new equipment throughout; voluntary general hospital 65-beds; approved JCAH; scenic resort area, New England. (b) Chief and assistant; expanding department, 200-bed general hospital; \$400 for chief; Los Angeles suburban area. (c) Chief; full responsibility for department, 300-bed general hospital; to \$4800; lovely Southern college city.

DIRECTOR OF NURSES—(a) Nursing service only; exceptional opportunity for R.N. with leadership ability, interested in challenging appointment, progressive, very large university hospital; southeast. (b) Nursing service only; 40-bed general hospital, 25 bed wing to be added shortly; to \$450; lovely California ocean location. (c) Nursing service only, with school and service recently separated; 200-bed general hospital; to \$6500; cosmopolitan city, \$25,000; midwest.

(Continued on page 214)

WOODWARD—Continued

EDUCATIONAL DIRECTORS—(a) For affiliated program in pediatrics, 100-bed children's hospital; program to be offered to local college and training schools; \$6000; city 100,000; midwest. (b) Assistant; 200-250 students in approved school, 500-bed general hospital; to \$5400; Pacific Northwest. (c) Three-year diploma course, collegiate affiliated program, 25-30 students now enrolled; 100-bed voluntary general hospital; lovely Southern community 10,000.

EXECUTIVE HOUSEKEEPER—(a) Voluntary general hospital 150-beds, expanding to nearly 300 in near future; residential suburb of Chicago. (b) Staff of 50 in busy department, 500-bed university affiliated general hospital; east. (c) Fully approved 300-bed general facility; progressive city; Pacific Northwest.

EXECUTIVE PERSONNEL—(a) Comptroller, Purchasing Director & Director, Personnel & Public Relations; 3 posts; general 250-bed hospital increasing to 450; town 100,000, near university center; midwest. (b) Training coordinator; hospital background not required; does require advanced academic preparation in adult education; formulate, supervise, coordinate program in 10 new hospitals; \$7000, increases annually for 5 years, 4 weeks vacation, excellent retirement program; south. (c) Personnel coordinator; evaluate levels of various positions including salaries; requires broad hospital experience; 10 new hospitals, units of large industrial organization; salary, benefits as above described position b.

Relax the best way ... pause for Coke

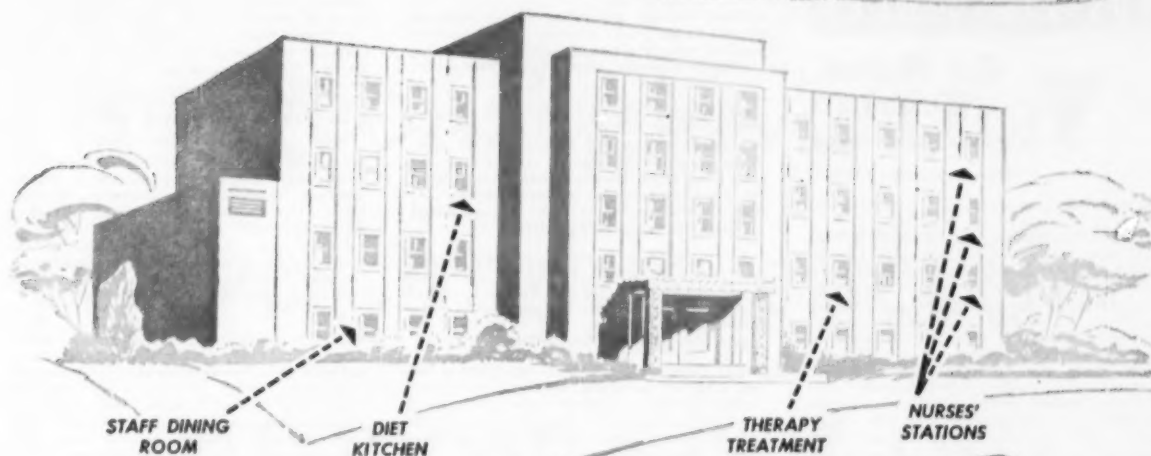


continuous quality
is quality you trust



SCOTSMAN ICE MACHINES

on every floor!



**Save time . . . Save work . . .
Save Money**

Whatever your ice needs — there is a Scotsman Automatic Super Flaker or Super Cuber to meet every one. You can locate a Scotsman Ice Machine at stations on every hospital floor. Low priced, efficient Super Cubers will save time, work and money by providing solid, sparkling, sanitary Super Cubes right where they are needed. No need to "haul" ice from a remote central plant.

When flaked ice is needed for cold packs or therapy the Scotsman Super Flaker supplies dry, hard, free-flowing crushed ice. This superb Scotsman ice is made quietly without grinders, choppers or knives, using a mechanism which is the most dependable, yet simplest, ever designed. Again, simply locate a machine where ice is needed.

Warm weather brings heavy ice demands. Now is the time to write for complete information and facts about SCOTSMAN — America's only complete line of ice machines designed and priced for every hospital need.



THANKS FOR STOPPING BY!

We enjoyed meeting the hundreds of you who stopped by our Scotsman booth at the recent Hospital Show. Total attendance at the booth far exceeded our expectations, and we were pleased to have so many opportunities to tell the Scotsman story. Drop us a letter if you would like more information and catalogs. We'll be glad to hear from you!



Super Cubers

produce up to 500 lbs. of cubes daily.



Super Flakers

produce up to 1050 lbs. of flaked ice daily.

AMERICAN GAS MACHINE CO.

Division of Queen Stove Works, Inc.

910 Front Street • Albert Lea, Minnesota

ALL SCOTSMAN
ICE MACHINES
OPERATE ON
STANDARD
ELECTRICAL
OUTLETS



NEW CATALOGS NOW READY!

Just printed are two new illustrated catalogs, on Super Cubers and Super Flakers. Each tells the story of how these popular machines operate, how they are applied, and what they can do for you. Write for your copies today!

classified advertising

POSITIONS OPEN



The Medical Bureau

M. BURNEICE LARSON—DIRECTOR

Telephone DElaware 7-1050

900 North Michigan Avenue

CHICAGO

ADMINISTRATORS—(a) Medical director with training in geriatrics, physical or internal medicine; administrative and professional responsibilities; new 400-bed hospital for chronic and infirm patients; all facilities of general hospital. (b) Medical superintendent; small hospital for mentally retarded children; staff includes business manager; \$12,000, attractive home; west. (c) Assistant medical director; hospital group; medical center, midwest. (d) Director, medical education; 600-bed hospital; Pennsylvania. (e) Administrator; new 350-bed hospital nearing completion; medical center, midwest. (f) General community hospital; 325-beds, college town, south. (g) Small general hospital; building program; Washington. (h) Assistant superintendent, municipal hospital, 2000-beds; would be second-in-command; medical center, east. (i) Assistant; 400-bed general hospital affiliated medical school; \$6000-\$8000 with maximum of \$10,000; university city, midwest. (j) Assistant; 300-bed general

MEDICAL BUREAU—Continued

hospital; degree, accounting background required; Texas. (k) Woman; 20-bed modern hospital; complete management; two bedroom apartment available; Great North West mountains. MH10-1

ANESTHETISTS—(a) Outside U.S.A., Alaska, Hawaii, Tahiti; to \$7500. (b) Male nurse anesthetist; group of four M.D.'s; 25-hour week; \$6000; Southern California. (c) Progressive new, busy clinic; wealthy mining, ranch area; 80° mean temperature; southwest; \$6000. (d) Two; 120-bed hospital, exclusive Chicago suburb on Lake Michigan; \$6000. MH10-2

DIETITIANS—(a) Dietary consultant to four hospitals within 200 mile radius; ideal year-round climate; southwest; good salary, car furnished, travel expenses. (b) Dietitian for luxury hotel, Florida; December-April; also Maine resort May-October. MH10-3

DIRECTORS OF NURSING—(a) Leading 400-bed hospital, university affiliated, exceptional rating; no school; excellent future opportunity; paid university tuition; key city east; \$7500. (b) Director of nurses; 350-bed well established hospital; remodeling, adding 100-beds; 150 students; reorganization ability desirable; college town of 150,000; midwest; top salary. (c) Director of nurses; 200-bed general hospital; small school; near large industrial city; Pennsylvania; \$6400-\$8200. (d) Director nursing service; new hospital; orthopedics, rehabilitation experience; excellent southern location; \$6500. MH10-4

(Continued on page 216)

MEDICAL BUREAU—Continued

EXECUTIVE HOUSEKEEPER—400-bed hospital; well organized department; modern equipment; good personnel relations; \$5000; midwest. MH10-5

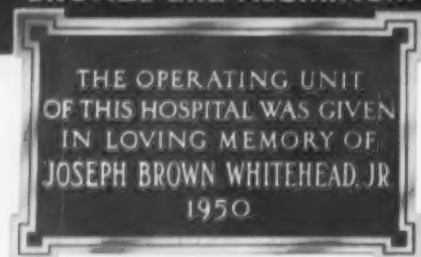
FACULTY POSTS—(a) Director nursing education; plan, organize affiliation pediatric hospital and college school; unlimited opportunity; \$6000; adjacent campus leading men's university. (b) University pre-nursing advisor; recruit students throughout beautiful northwest state; teach on campus; faculty status; \$5000, travel. (c) Science instructor; 450-bed medical college hospital; teach anatomy, physiology, pharmacology; Greater Manhattan; top salary. (d) Psychology instructor, newly organized college school; lake campus; metropolitan area; progressive midwest city; \$5400. MH10-6

MEDICAL RECORD LIBRARIANS—(a) Chief, large general hospital; reorganization program; cooperative administration; Florida; \$5000. (b) Male or female chief; attractive salary to right person; 425-bed non-profit, voluntary unit, outstanding institution; northeast central. (c) Chief; reorganize department, 15; busy outpatient; plans to expand to 750; top salary; near New York City. MH10-7

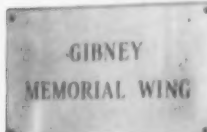
SUPERVISORS—(a) Night supervisor, 35-bed hospital; excellent opportunity, utilize administrative ability; near large city; good working conditions, salary; northwest. (b) Pediatric supervisor, 300-bed hospital; best personnel policies; new, modern facilities; \$5000; Ohio. (c) Obstetrics, 250-bed hospital near Lake Michigan; good educational possibilities; metropolitan area; university center; \$5000; midwest. (d) Supervisor, home for 80 retired businesswomen; beautiful grounds, wealthy suburb; attractive living accommodations; act as assistant administrator. (e) Orthopedic supervisor and assistant; brand new air-conditioned orthopedic suite; latest equipment, conveniences; near Washington, D.C. MH10-8

HOSPITAL PLAQUES

and signs for every purpose in
BRONZE and ALUMINUM



**SURPRISINGLY
LOW COST**
Everlasting beauty.
Free design service.



Hospitals from coast to coast have gotten the *best for less* because of our unsurpassed facilities and years of nationwide experience. It will pay you to look over our new catalog, prepared especially for our increasing clientele in the hospital field. Why not send for it today... now!

**Room and Door Plaques
Directional Signs
Dedictory Plaques
Memorial Plaques
Building Facade Letters
Plaques to Stimulate Fund Raising**

"Bronze Tablet Headquarters"

Write to

UNITED STATES BRONZE SIGN CO., INC.
370 Broadway, Dept. MH, N. Y. 12, N. Y. • Plant at Woodside, L. I.

3 Great Incubators

X-4

ARMSTRONG X-4 (Nursery Type) BABY INCUBATOR

Designed for use in the nursery. Underwriters' Laboratories Approved.

X-P

ARMSTRONG X-P (Explosion-proof) BABY INCUBATOR

Designed for use in the Delivery Room or Surgery. Underwriters' Laboratories Approved.

H-H

ARMSTRONG H-H (Hand-hole) BABY INCUBATOR

Designed for nursery use when a large incubator with hand-holes and a nebulizer is needed. Underwriters' Laboratories Approved.

Write for complete details on any or all of these 3 Armstrong Baby Incubators.

THE GORDON ARMSTRONG COMPANY, INC.

502 Bulkley Building, Cleveland 13, Ohio

Distributed in Canada by Ingram & Bell, Ltd.

Toronto • Montreal • Winnipeg • Calgary • Vancouver

B. F. Goodrich develops surgeons' glove that proves highly effective in most cases of contact dermatitis

"Eudermic" special purpose glove solves problem for many surgeons allergic to ordinary rubber

FOR years, surgeons who were allergic to ordinary rubber gloves had constant trouble, sometimes had to stop operating.

Glove manufacturers tried to do something about it. Synthetic material was tried. It helped as far as the dermatitis was concerned. But it couldn't be as thin as rubber. It didn't have the sensitivity and comfort.

After experiments with many types and grades of rubber and different manufacturing techniques, B. F. Goodrich found the answer. They continued to make the gloves out of pure rubber latex, but developed a process that removes those irritating ingredients that cause contact dermatitis or further aggravate conditions resulting from other allergies.

The result is a special purpose glove that B. F. Goodrich calls "Eudermic". While immunity from dermatitis can't be guaranteed in every case, thousands

of doctors are now using these gloves successfully.

Of great importance is the fact that not one of the fine features of B. F. Goodrich gloves was sacrificed in developing these gloves. The "Eudermic" glove is just as thin, just as strong, and just as comfortable as other B. F. Goodrich surgeons' gloves.

Because of their uniform strength, B. F. Goodrich surgeons' gloves — regular type as well as "Eudermic" — withstand frequent autoclavings and continue to give perfect service, operation after operation. They retain their elasticity and can be stored for months with no fear of deterioration. To save time in sorting, B. F. Goodrich stamps the size on surgeons' gloves in big, easy-to-see, colored numerals.

These modern gloves are products of B. F. Goodrich research. Choose from the complete line of B. F. Goodrich gloves carried by leading hospital and surgical supply houses:

"Miller" brand surgeons' gloves — Long wrists. Sizes 6 to 10. Three colors: hospital green, white, brown. Two finishes: smooth or cutinized.

"Miller" brand examination gloves — Short length cuff. Sizes 7 to 9. White only.

"Eudermic" special purpose gloves — Sizes 6½ to 9½. White only. Cost is only pennies more per pair.

Other B. F. Goodrich products for hospital service include a wide variety of precision-made catheters, rubber tubing, of all kinds, Koroseal translucent tubing, sheeting, ice caps, water bottles, throat and spinal packs, and bulb syringes. For more information, write Sundries Sales, B. F. Goodrich Industrial Products Company, Akron 18, Ohio.



Surgeons' Gloves

classified advertising

POSITIONS OPEN

MEDICAL BUREAU—Continued

EXECUTIVE PERSONNEL—(a) Business manager; accounting background required; 100-bed general hospital; northwest. (b) Director of patient relations qualified to inaugurate educational program; mature person preferred; physician eligible; 400-bed teaching hospital; midwest. (c) Executive director; regional association, national health group; New England. (d) Personnel director; 450-bed general hospital affiliated university college of medicine; 600 on payroll of two million; east. (e) Comptroller, purchasing director and director, personnel and public relations, general 250-bed hospital increasing to 450; town 100,000, near university center, midwest. MH10-9

INTERSTATE MEDICAL PERSONNEL BUREAU

Miss Elsie Dey, Director
332 Bulkeley Building
Cleveland, Ohio

BUSINESS MANAGER—(a) 200-bed hospital, Pennsylvania. (b) 150-bed hospital, western New York. (c) 150-bed eastern hospital; 5 years experience desired. (d) Credit manager; 550-bed hospital, Michigan.

INTERSTATE—Continued

ASSISTANT ADMINISTRATOR—(a) 200-bed specialized hospital; 3 years experience; M.H.A. degree. (b) 450-bed Ohio hospital. (c) 325-bed hospital, large mid-western industrial city. (d) 150-bed eastern hospital. (e) 225-bed hospital, central state.

PURCHASING AGENT—(a) Experience; 400-bed modern hospital, Ohio. (b) 215-bed hospital, mid-west.

ADMINISTRATOR—(a) 85-bed hospital, suburb New York. (b) 70-bed hospital, Virginia. (d) 115-bed hospital, Colorado. (e) 50-bed Ohio hospital.

DIRECTORS OF NURSING SERVICE—(a) To \$7000. (b) Directors, school of nursing. (c) Anesthetist; \$450. maintenance. (d) Assistant superintendent, R.N., 175-bed eastern hospital.

RECORD LIBRARIANS—(a) East, mid-west, south, \$400-\$450. (b) Laboratory technicians; to \$500. (c) X-ray technicians. (e) Pharmacists, Indiana, Ohio, Michigan, West Virginia.

EXECUTIVE HOUSEKEEPERS—(a) 250-bed modern new building; college town, mid-west; \$400. (b) 550-bed Sisters' Hospitals, east, mid-west. (c) 150-bed eastern hospital. (d) 275-bed hospital, New York. (e) 225-bed hospital, south. (f) Assistant housekeepers; east, mid-west.

PERSONNEL DIRECTORS—Experienced; to \$5000.

(Continued on page 218)

SHAY MEDICAL AGENCY
Blanche L. Shay, Director
55 East Washington Street
Chicago 2, Illinois

DIETITIANS—(a) Chief; California; 250-bed hospital; 50 employees in department; \$6000. (b) Assistant; California; 200-bed hospital; \$365. (c) East; therapeutic; 400-bed hospital; duties: control of special diets, patient contact, supervision of student nurses assigned to diet kitchen; \$350-\$375. (d) Food service director; small college in town of about 15,000; \$450-\$600. (e) Chief; middle west; 150-bed hospital in progressive community close to several colleges; \$500, up. (f) Therapeutic; middle west; complete charge of therapeutic diet kitchen in 225-bed hospital; \$400. (g) South; 200-bed hospital in beautiful southern city of 35,000; 35 employees in department; \$400. (h) Southwest; chief; 200-bed hospital; dietary department; well staffed; all new equipment; \$6000. (i) Pacific Northwest; 150-bed hospital; kitchen is entirely new; Meal Pack service; \$400.

MEDICAL RECORD LIBRARIANS—(a) California; modern 100-bed hospital; \$4800. (b) Near Washington, D.C.; 75-bed hospital; new, modern. (c) Southeast; full charge department, 7 employees; 260-bed hospital; \$4800. (d) Chief; south; 100-bed hospital; two assistants in record room; \$350 plus complete maintenance. (e) Chief; middle west; new hospital in city of 200,000; 4 full time and 2 part time employees. (f) Chief; middle west; 250-bed hospital; to \$6000. (g) Chief; middle west; 350-bed hospital; 6 employees in record room; \$350-\$400. (h) Chief; east; 300-bed hospital; 14 employees in record room all well trained and dependable; \$5000. (i) Chief; east; 325-bed hospital in university city; to \$5000. (j) Chief; middle east; large hospital; thorough knowledge of standard nomenclature; department consists of chief and staff of five; to \$5300. (k) Chief; 300-bed teaching hospital; department well staffed; part of large medical center; to \$5400.

Simplex

LAUNDRY EQUIPMENT PAYS OFF IN SAVINGS



STAINLESS STEEL WASHERS

Now available in 25, 30, 75 and 100 lb. sizes with manual, semi-automatic, or fully automatic models.



37" DRYING TUMBLER

Attractive, simple controls, foolproof construction. Gas, electric and steam models: 30, 40, and 50 lb. capacities.



STAINLESS STEEL EXTRACTORS

Finest extractor available. Offered in 20", 26", and 30" sizes, with capacities of 25, 30, and 75 pounds.



SIMPLEX AUTOMATIC COMMERCIAL WASHER

with Lifetime STAINLESS STEEL TOP and TUB
America's most durable and dependable automatic washer. Also cleanest washing. Perfect for laundrettes.

48" SUPER IRONER

Available for gas or electric. Also 56" Simplex Master Ironer for gas, electric, or steam.

IRONER DIVISION

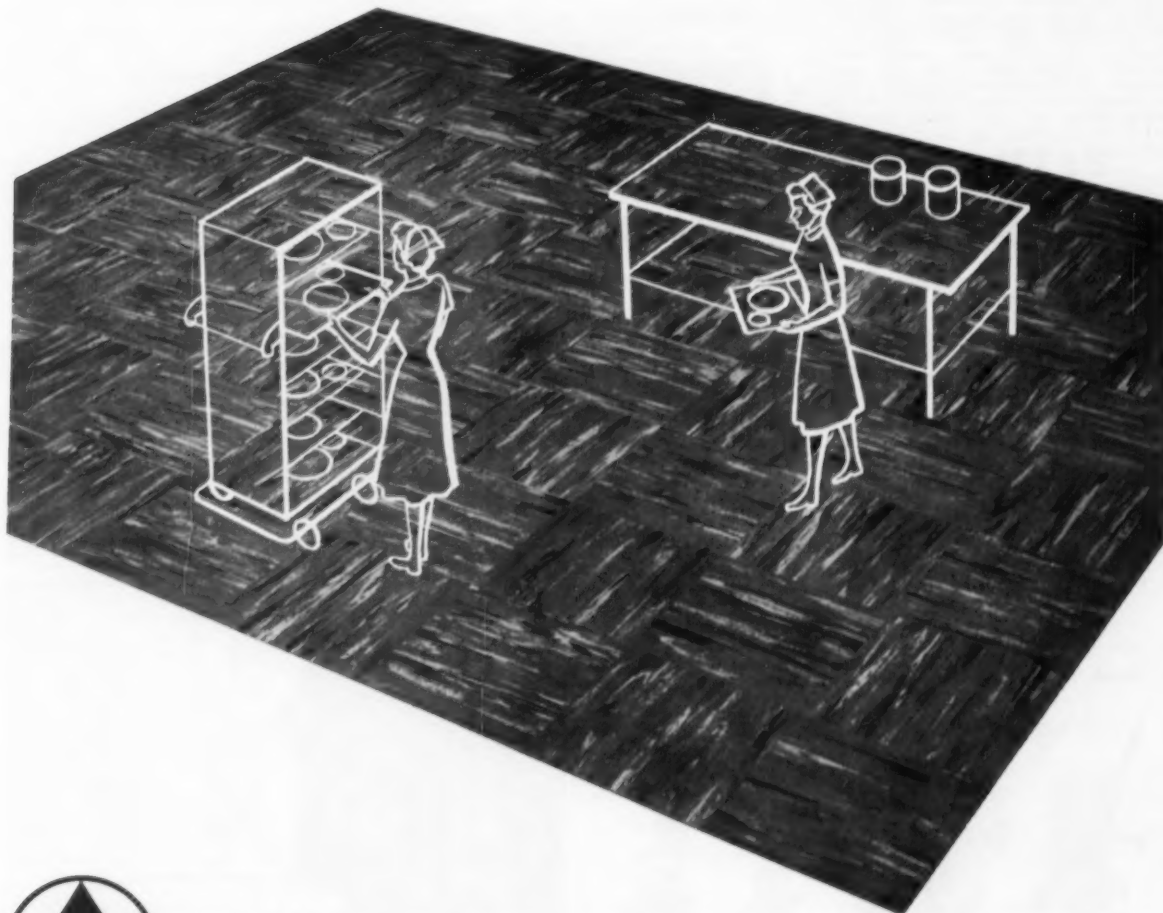
SPEED QUEEN Corp., 418 Washington Ave., Algonquin, Ill. Laundry Equipment Specialists Since 1905.

Vina-Lux® Floors

Built to Withstand Food and Foot Abuse

Vina-Lux floors are the easy, economical answer to problems created by excessive foot traffic, tracked-on food, spilled medications. That's because Vina-Lux is a tough, long-life vinyl-asbestos tile that resists wear and stain. Its tight texture keeps dirt and grease on the surface where they are quickly removed.

Vina-Lux provides cushioned comfort, too — reduces leg and foot fatigue — increases operational safety with its slip-resistant surface — minimizes foot and wheel noises. Its built-in beauty lends smartness and style to the modern hospital. Ask us today for all the facts on Vina-Lux.



AZROCK PRODUCTS DIVISION • UVALDE ROCK ASPHALT CO.

515 Frost Bank Building • San Antonio, Texas • Makers of Vina-Lux • Azrock • Duraco • Azphlex

classified advertising

POSITIONS OPEN

SHAY—Continued

NURSE ADMINISTRATORS—(a) California; 50-bed hospital wants combination director of nurses and administrator. (b) Northwest; 20-bed hospital; two bedroom apartment available plus good salary. (c) Northwest; new 40-bed hospital in small town close to several large cities; duties: head nurse and administrator.

MEDICAL TECHNOLOGISTS—(a) Chief; middle west; prefer training or experience in biochemistry or chemistry; \$6000 up. (b) California; 100-bed hospital; 7 in laboratory; \$400. (c) Middle west; 60-bed hospital in large city; \$375 minimum plus room and board. (d) Middle west; 300-bed teaching hospital; new laboratory; \$450. (e) East; 200-bed hospital; entirely new laboratory; will have complete charge of tissue laboratory. (f) East; 100-bed hospital in city of 30,000; to \$500.

PHARMACISTS—(a) California; large hospital, fully approved; \$450. (b) 100-bed hospital in college town of about 35,000. (c) South; 125-bed hospital; complete supervision of pharmacy. (d) Middle west; 100-bed hospital in college town of about 15,000; some administrative work—purchasing optional; \$5400. (e) South; 250-bed hospital affiliated with university; \$5000. (f) Chief; 350-bed hospital in city of 250,000; \$5760. (g) South; large teaching hospital; to \$5840.

PLACEMENT BUREAUS

Information about

QUALIFIED NURSE PERSONNEL

is available from the
American Nurses' Association

PROFESSIONAL COUNSELING & PLACEMENT SERVICE

27 So. Wabash Ave.
Chicago 3, Ill.
STate 2-8885

INDIANA MEDICAL BUREAU

212 Bankers Trust Bldg.
Indianapolis, Indiana

Opportunities in most areas for Administrators, Medical Directors, Anesthesiologists, Pathologists, Radiologists, Resident Physicians, Laboratory and X-Ray Technicians, Therapists, Medical Records Librarians, and all areas of supervisory hospital and medical personnel.

(Continued on page 220)

PLACEMENT BUREAUS

MARY A. JOHNSON ASSOCIATES

11 West 42 Street New York 36, N.Y.

Mary A. Johnson, Ph.D., Director

FINE SCREENING BRINGS BEST RESULTS
Our careful study of positions and applicants produces maximum efficiency in selection. Candidates know that their credentials are carefully evaluated to individual situations, and only those who qualify are recommended. Our proven methods shields both employer and applicant from needless interviews. We do not advertise specific available positions. Since it is our policy to make every effort to select the best candidate for the position and the best job for the candidate, we prefer to keep our listings strictly confidential.

We do have many interesting openings for Administrators, Physicians, Anesthetists, Directors of Nurses, Dietitians, Medical Technicians, Therapists, and other supervisory personnel.

No registration fee

Agency

Unico

America's Foremost Line of Floor Machines

Proved BEST For Hospital Floor Maintenance

Models
For Every
Maintenance
Need

12" to 24"
Brush Sizes

Unico Floor Machines are unmatched for hospital use. They give you cleaner, more sanitary floors, in less time, with less labor. Whether it's for large or small areas, polishing, waxing, wet scrubbing, carpet shampooing, vacuuming, wet or dry pick-up, a Unico will do the job better, faster at lower cost. See your dealer for free demonstration, or send for details.



United Floor Machine Co., Inc.
7713 South Chicago Ave., Chicago 19, Ill.



No. 1089U
Padded seat
and back—
Naugahyde
plastic upholstery,
standard
or elastic grade.
Choice of colors.
Width, 12"
depth, 16"

No. 1089V
Slot back,
padded seat—
Naugahyde
plastic upholstery,
standard
or elastic grade.
Choice of colors.
Width, 12"
depth, 16"

No. 1089W
Saddle wood
seat, slot back
Width, 17"
depth, 16 1/2"

Save Your Walls with "WALL-SAVER" CHAIRS

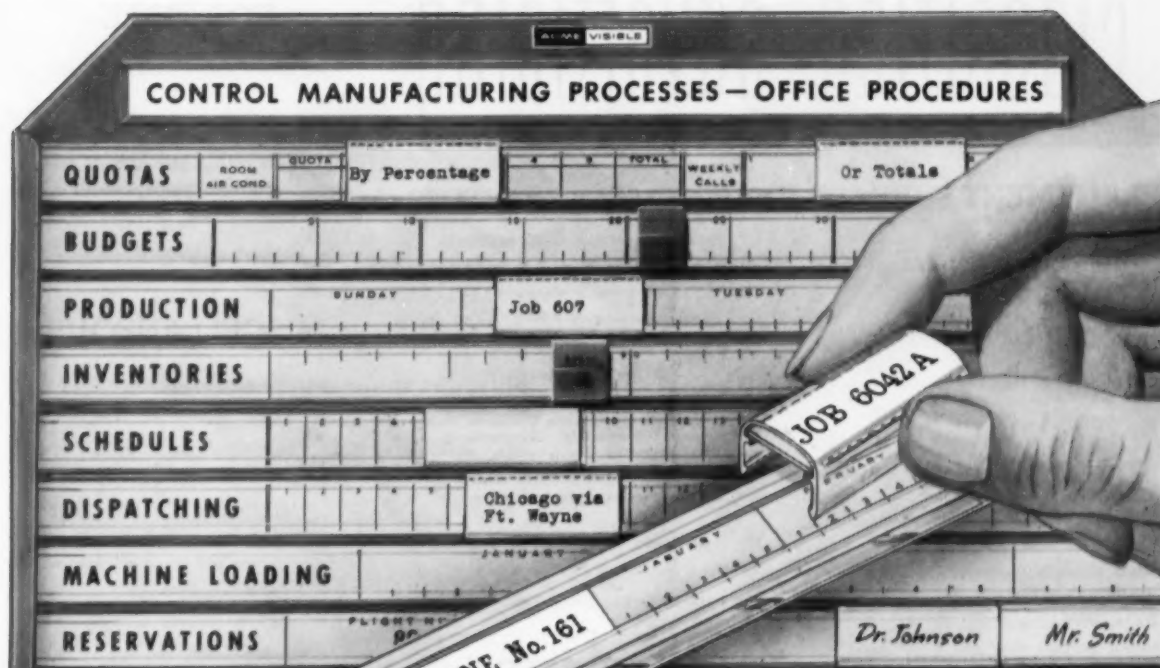


These chairs pay for themselves by protecting walls from damage. Their flared back legs prevent "rocking" or tipping—chair can't scratch walls and woodwork. Sturdy and long-lived—solid birch construction. One piece steam bent apron and stretcher, reinforced corners. Metal cushion glides. All finishes available. Back height, 14 1/2". Seat height, 18 1/2". Weight, 18 lbs.

Write for Bulletin 1005-A

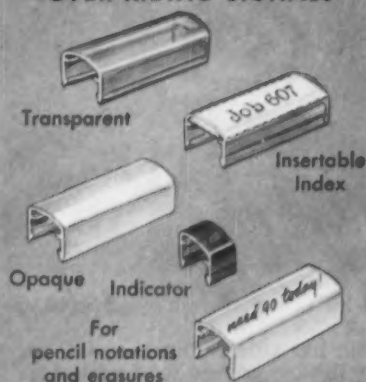
EICHENLAUBS
Contract Furniture

3301 BUTLER ST., PITTSBURGH 1, PA.
ESTABLISHED 1873



**ALMOST
UNLIMITED
APPLICATIONS**

OVER-RIDING SIGNALS



TUBE INTERIOR SIGNALS



*Panels Contain
25, 50 or 100 Tubes
Available in 17, 30,
and 40 inch widths*

ACME VISIBLE

VISUAL CONTROL PANELS

**Chart Action, Indicate Trends, Show Results,
Permit Comparison, Picture Organized
Facts for Analysis and Decision.**

Complete flexibility with limitless signalling and charting possibilities . . . Easily adapted to your individual record requirements.

Lightweight panels contain clear plastic tubes which are individually removable and may be shifted from one position to another . . . Clarity of tube provides full legibility of contents.

Signals snap on or off at any point . . . Hold position until positively moved . . . Slide smoothly back and forth . . . By-pass freely.

Insertable index feature afford triple signalling potential: by position, by color and by legend of index.

Ask the man from Acme to show you examples—

ACME VISIBLE RECORDS, INC.

CROZET, VIRGINIA

☐ Send us more information on Visual Control Panels. H1056

☐ We are interested in Acme Visible equipment for _____ records.
KIND OF RECORD

☐ Have representative call. Date _____ Time _____

Company _____ Attention _____

Address _____

City _____ Zone _____ State _____

classified advertising

PLACEMENT BUREAUS

MEDICAL EMPLOYMENT SERVICE

59 East Madison Chicago 2, Ill.

ANdover 3-5663-64

Alfred E. Riley, R.N., MSHA Director

Dorothea Bowlby, Counselor

"All that the Name signifies." A competent service for both Employer and Employee, with selective screening, carefully prepared credentials and each position evaluated to individual situation, saving needless interviews, correspondence and time for all. Our listings are confidential and you will appreciate our human understanding and personal approach to your problem. We have opportunities and available positions suitable to your education, experience and talents for Administrators, Physicians, Dentists, Anesthetists, Directors of Nursing, Medical Technologists, Therapists and other supervisory hospital personnel.

PLACEMENT BUREAUS

HOSPITAL PERSONNEL BUREAU

Kalckerbocker Bldg. 218 E. Lexington St

Baltimore 2, Maryland

"LExington 9-5029"

Chas. J. Cotter, Director

(Former Administrator)

Nation-wide placement service for Physicians, Administrators, Anesthetists, Dietitians, Nurses, Technicians, Pharmacists, Comptrollers, Accountants, Secretary, Housekeepers, etc.

Mail resume, 5 photos, salary.

No Registration Fee. Licensed Employment Agent.

(formerly Hagerstown, Maryland)

FOR SALE

New and used hospital equipment bought and sold. Large stock on hand for the physician, hospital and laboratory. Write for what you want or have for sale.

HARRY D. WELLS

400 East 59th Street, New York City

(Continued on page 222)

FOR SALE

NURSING AND MEDICAL BOOKS

We have in stock every nursing or medical book published. Lowest prices with unexcelled service. Write Chicago Medical Book Company, Jackson and Honore Streets, Chicago 12, Illinois.

MISCELLANEOUS

DIETITIANS—NOW HEAR THIS!!

Are you an A.D.A. member? With or without experience? Want \$4200 per year to start as Patient Contact or Therapeutic Dietitian? To practice your profession in a pleasant, dignified atmosphere? 5 days a week, with progressive personnel policies and practices? In a 500-bed, finely equipped general hospital located in a sizable city with cultural, agricultural, industrial, educational and recreational interests. Within easy driving distance of cultural interests of metropolitan Cleveland. Immediate vacancies! Contact Director of Dietetics, Aultman Hospital, Canton, Ohio, collect wire or telephone GLendale 4-5671.

Quiet, Dependable KILIAN BALL-BEARING CASTERS



GUARANTEED IN HOSPITAL SERVICE Five Years Without a Failure

Quality built to insure positive swiveling, based on patented bearing structure.

All metal parts are machined from bar stock fully heat treated for years of continuous use. Forks and brakes are made of malleable iron to withstand excess abuse.

All exposed parts are cadmium plated for better appearance and to counter corrosion.

At the Hospital for Sick Children in Toronto, for example, every bed, cot, and mobile equipment were fitted with Kilian casters. NOT ONE CASTER FAILURE WAS REPORTED IN FIVE YEARS OF CONSTANT USE.

You can profit from the experiences of institutions like the Hospital for Sick Children by insisting on Kilian Casters.

Write today to find out how you can get Kilian casters on your equipment.

KILIAN

MANUFACTURING CORP.
SYRACUSE 1, N. Y.

MANUFACTURING CORP.,
(CANADA), LTD.
Toronto, Ontario, Canada



Kenrubber floors **quiet** busy feet

KenRubber floors lend an atmosphere of restful, quiet comfort to hospital rooms, wards and corridors. It "cushions" every step; helps reduce fatigue for those in attendance while its cheerful colors and modern designs have therapeutic effects on convalescents. Almost as if there were a thousand rubber springs in every tile,

KenRubber has amazing resiliency and strength...stands up beautifully through years of hard usage. Its tile-deep colors can't wear off. KenRubber's pre-polished surface resists dirt and stain...stays hygienically clean with minimum maintenance and expense. For further information contact your Kentile, Inc. Flooring Contractor.

KENRUBBER ...by the makers of **KENTILE FLOORS**
TILE FLOORS

COPYRIGHT 1956 KENTILE, INC., BROOKLYN 15, N. Y. REG. U. S. PAT. OFF.

KENTILE * KENCORK * KENRUBBER * KENFLEX * KENFLOR * KENROYAL

classified advertising

MISCELLANEOUS

REGISTERED STAFF NURSES

NEVER A DULL MOMENT FOR THE GRADUATE NURSES who decide they would like to join us at the University of Texas Medical Branch Hospitals. We work a 40 hour week in our air conditioned hospitals, leaving 168 hours to enjoy the beach and nearby resorts. Galveston boasts an average temperature in the low seventies which means that swimming, fishing, horseback riding and sailing can be enjoyed the year round.

We have positions available in the clinical area of your choice. Our staff nurses monthly salaries begin at \$264 for rotation and \$277 for extended evenings or nights. Uniforms are laundered free. We have liberal personnel policies and opportunities for advancement. Comfortable air conditioned residences including maid service are available at moderate cost. There are excellent opportunities for advanced study leading to both B.S. and M.S. degrees.

Write for further information to the: Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas.

SCHOOLS—SPECIAL INSTRUCTION

The CHICAGO LYING-IN HOSPITAL AND DISPENSARY of the University of Chicago offers a six-months course in OBSTETRIC NURSING to qualified graduate nurses. The course includes all phases of maternity nursing. The student may elect experience in one special area for two months of the course. Modern, attractively appointed kitchenette apartments are provided. Adequate allowance is made for food and laundry. For further information, write to the Director of Nursing, 5841 Maryland Avenue, Chicago 37, Ill.

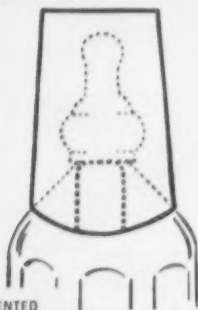
SCHOOL FOR LABORATORY TECHNICIANS—Duration of course, 1 year. Tuition, \$100.00; approved by the American Medical Association. For further information, write the Director of Laboratories, Barnes Hospital, 600 S. Kingshighway, St. Louis, Missouri.

SCHOOLS—SPECIAL INSTRUCTION

The PROVIDENCE LYING-IN HOSPITAL offers to qualified graduate nurses a four months supplementary clinical course in Obstetrics. Full maintenance and stipend of \$75.00 a month is provided. For full information, apply to the Director of Nurses, Providence Lying-In Hospital, Providence 8, Rhode Island.

GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA offers a four month course in operating room technique and management to registered graduates of accredited schools of nursing. Registration fee \$20.00. Full maintenance and \$30.00 monthly cash allowance given. Apply to Director of Nursing Services, 1818 Lombard Street, Philadelphia 46, Pennsylvania.

Remember...



*PATENTED

NipGard

TRADEMARK

DISPOSABLE NIPPLE COVERS...

provide space for identification and formula data... instantly applied to nipple; save nurses time... cover both nipple and bottleneck. Do not jar off. No breakage. Use No. 2 NipGard for narrow neck bottle... use No. H-50 NipGard for wide mouth (Hygeia type) bottle. Be sure to specify type desired.

THE QUICAP COMPANY, Inc.
110 N. Markley St. Dept. MH
Greenville, South Carolina

for quick, dependable protection to nursing bottles... use the original NipGard* covers. Exclusive patented tab construction fastens cover securely to bottle. For High Pressure (autoclaving)... for Low Pressure (flowing steam).



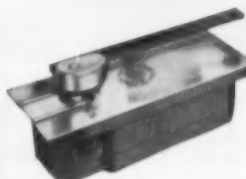
Your hospital supply dealer has NipGards. Professional samples on request.

2 Types of

DOR-O-MATIC

DOOR CONTROLS

Control as they open
Control as they close



MANUAL CONTROL Concealed-In-The-Floor

Produces positive, 2-speed, door closing action, longer service life, and complete adaptability to contemporary design. Choose from 31 models. There's one for every type door... in any type building.

WRITE NOW FOR
ILLUSTRATED BROCHURES



DOR-O-MATIC

Division of Republic Industries, Inc.
7348 W. Wilson Ave., Chicago 31, Ill.
IN CANADA: Dor-O-Matic of Canada, 550 Hopewell Ave., Toronto 10, Ontario.
EXPORT REPRESENTATIVES: Consultants International, 11 W. 42d St., N.Y. 36, N.Y.



INVISIBLE DOR-MAN Automatic Door Operator Carpet or Handle Actuated

The instant a person steps on the specially designed carpet leading through the doorway, or touches the handle-type switch, the Invisible Dor-Man goes into action... opens the door quietly, quickly, automatically.

Easy to install. The power unit can be hidden. The automatic hinge is installed in the floor. It can be applied to any standard stock door. No alterations required.



RTM

There wasn't a moment's hesitation...

This man is one of the many Puritan Dealers
located in principal cities throughout the country.

...and he didn't hesitate for a moment when
he recommended Puritan medical gases and gas
therapy equipment for the hospital.

Why? Because he knew that the
Puritan organization would be
standing solidly behind him.
He would have their years of experience
to draw upon. He knew that
Puritan would help him in rendering
unmatched service, and that
there was a product he could
sell with confidence.



Puritan
COMPRESSED GAS
CORPORATION
SINCE 1913
KANSAS CITY 8, MO.

PRODUCERS OF MEDICAL GASES
AND GAS THERAPY EQUIPMENT



HILD

COST PROBLEMS?



MODEL C

Shower-feed Floor Machine

This single Hild machine can scrub, wax, polish, buff, sand, grind and steel wool your floors. Powerful GE motor, adjustable handle, safety switch, and non-marking bumper and wheels. Available in every size and style for every job!

Keep Your Floors Slip-Safe

Hild Shower-feed scrubbing and vacuum drying system . . . cleans and dries in minutes! Vacuum lifts dirt and moisture from cracks and low spots . . . removes slick film that causes accidents.

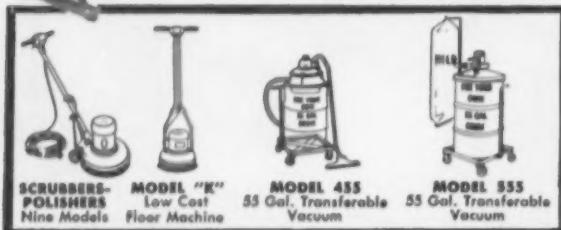


MODEL 115



Heavy Duty Vacuum

Hild fool-proof vacuum machines for all your floor to ceiling vacuum jobs. Powerful suction action picks up liquid or dry dirt without adjustment or filter change. Gives you utmost convenience, efficiency and rugged durability. Available in 10 to 55 gallon sizes.



SCRUBBERS-POLISHERS
Nine Models

MODEL "K"
Low Cost
Floor Machine

MODEL 455
55 Gal. Transferable
Vacuum

MODEL 555
55 Gal. Transferable
Vacuum

MHT056



740 W. Washington Blvd. • Chicago 6, Ill.

HILD FLOOR MACHINE CO. INC.

gentlemen: send me more information on

- ☐ Floor Machines
- ☐ Portable Vacuums
- ☐ All Hild Equipment

Name _____

Address _____

City _____ State _____

Signed by _____

HOSPITAL CASEWORK



Whatever hospital casework you need, Walrus can help you—all the way from planning to delivery and installation. From then on you will prove the claims that Walrus products are skilfully designed, honestly

made inside and outside, and capable of taking real punishment in use.

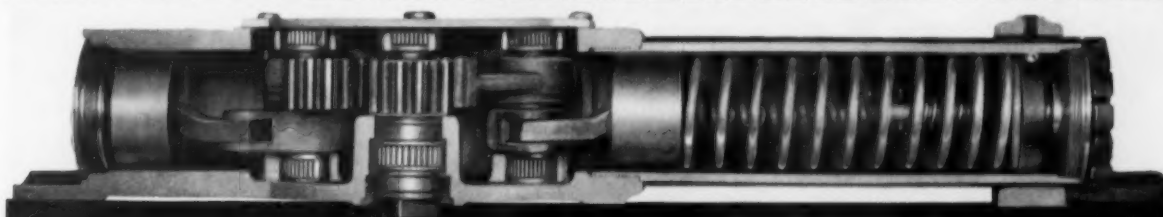


Walrus products include nurses' stations, chart desks, revolving chart racks, medicine cabinets, narcotics lockers, bed pan and solutions warmers, instrument cabinets, blanket and solutions warmers, wardrobes, wall cases of all types, and base unit assemblies—just to mention a few. We welcome your inquiries by mail or your personal visit to our factory.

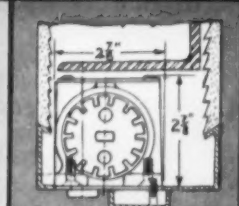


WALRUS
MANUFACTURING COMPANY
DECATUR ILLINOIS

IN A TIGHT ^{head} JAMB?



no problem with **RIXSON**
OVERHEAD concealed DOOR CLOSERS



fits in 3" square with room to spare
(inside dimension of head jamb)

overall only 2 7/8" x 2 7/8" x 17" long

The most compact of all concealed overhead door closers. Ideal for installations where modern shallow head jambs are specified.

ALL the controls are built-in...

1. two closing speed adjustments

The closing speed from open to approximately 15° is controlled by one adjustment and the latch speed from 15° to closed position by another.

2. hydraulic shock absorber (back check)

At approximately 80° a hydraulic resistance starts to slow down or check the opening action of the door. Hydraulic back check optional.

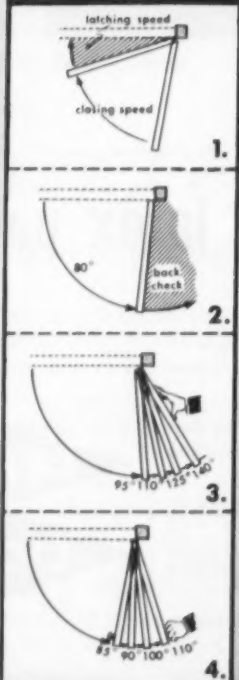
3. spring cushion door stop

Door is "cushion stopped" at choice of any one of four factory-set positions 95°, 110°, 125°, or 140°. Stop removed for wider openings to 160°.

4. built-in door holder

Where specified—built-in to hold door at choice of 85°, 90°, 100°, or 110°.

Three sizes for center hung and butt hung installations.



RIXSON

THE OSCAR C. RIXSON COMPANY

9100 west belmont avenue • franklin park, ill.

write for
full details



Question:

Why do modern hospitals prefer latex paints?

Answer:

**Easy application? Fast dry?
Or something else?**

Hospital "A" reported smooth, uniform finish. Not a brush or lap mark anywhere!

Hospital "B" heard about it . . . and discovered latex paints left no painty odor. Rooms were used the same day they were decorated!

Hospital "C" found recently painted surfaces can be touched-up easily.

Hospital "D" joined the trend to latex paints . . . and liked the quick clean-up.

Brushes and rollers rinsed clean in tap water. And low-cost brushes did as well as expensive ones!


Hospital "E" discovered the two-way durability: latex paints stand up well under sun and strong lights. The smooth surface is unharmed even when scrubbed with disinfectants.

So it goes. You, too, will find many benefits for your hospital. Today 37% of all hospitals use these paints!

Leading manufacturers make paints with Dow latex. For information, contact Plastics Sales Department PL593W-1, THE DOW CHEMICAL COMPANY, Midland, Michigan.



you can depend on
DOW PLASTICS



beautiful,
colorful,
incredibly durable.

Johns-Manville

Terraflex

provides carefree floors for schools and hospitals

Actual on-the-job figures show Terraflex® Vinyl Asbestos Tile reduces floor maintenance costs as much as 50% when compared to the next-best resilient type flooring.

A damp mopping is usually enough to keep Terraflex spick and span. Its nonporous surface requires no hard scrubbing or frequent waxing. Terraflex defies tracked-in dirt and grime, spilled liquids and grease.

In schools and hospitals—wherever reliable, economical floor service, long-wearing beauty and easy care must be combined, specify J-M Terraflex Vinyl Asbestos Tile. Available in 17 attractive marbled colors.

For complete information, write Johns-Manville,
Box 158, New York 16, N. Y.



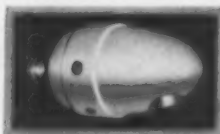
In hospitals and school dispensaries, Terraflex floors are resistant to commonly used mild acids and disinfectants. Its nonporous surface can be kept sanitary with a minimum of care.

See "MEET THE PRESS" on NBC-TV, sponsored on alternate Sundays by Johns-Manville

Johns-Manville



with GPL



HOSPITAL TV

one nurse observes a dozen patients in seconds

By just flicking a switch, a nurse can keep an eye on all patients—in private rooms and in wards—when her floor is equipped with GPL *ii-TV*. The bright, clear pictures that GPL's *industrial* and *institutional* television system brings to the receiver on her desk give her bedside reports as often as she needs them. Both improved patient care and staff efficiency are gained with this revolutionary, visual communications tool.

The small *ii-TV* camera, weighing only five pounds, is easily moved wherever needed. Yet it is so sensitive it gives fine pictures despite the low light level of hospital rooms. The camera can be equipped to sweep a whole ward, to operate from remote control, to supply a close-up at will.

Any number of rooms can be put on an *ii-TV* circuit and nurses can operate the entire system. Maintenance is simple. Initial cost is low.

Patient observation is only one of the many hospital jobs *ii-TV* can do. A GPL *ii-TV* System makes it possible to keep records in a remote basement, yet visually accessible, instantaneously. Students and

trainees, watching on an *ii-TV* monitor, get a far better view of treatments, an operation or a teaching demonstration than they can when watching through a porthole, or in a classroom or operating theatre. Tie a GPL TV projection set into the *ii-TV* circuit—as a Midwest mental clinic has done recently—and a whole auditorium can watch larger-than-life pictures on a wall-size screen.

GPL *ii-TV* is also invaluable in keeping an eye on entrances, corridors, storerooms. The GPL camera will keep unceasing watch at key points and report to a central monitor.

Behind *ii-TV* are the skill and experience which have made GPL one of the country's leading manufacturers of broadcast, theatre, military and industrial TV equipment. The same design skill, high quality material and precision manufacture go into the GPL *ii-TV* System.

For more information as to how your hospital can use GPL *ii-TV* to improve both patient care and operating efficiency, write:

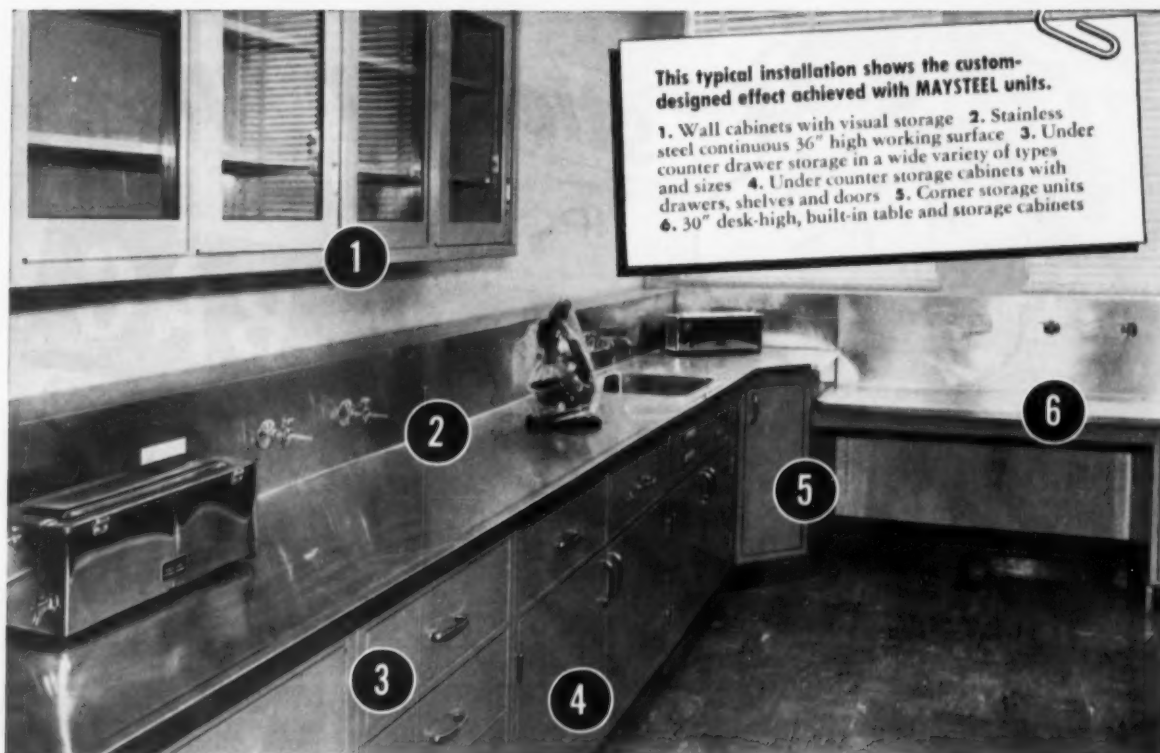


General Precision Laboratory Incorporated

Pleasantville, New York

A SUBSIDIARY OF GENERAL PRECISION EQUIPMENT CORPORATION





This typical installation shows the custom-designed effect achieved with MAYSTEEL units.

1. Wall cabinets with visual storage 2. Stainless steel continuous 36" high working surface 3. Under counter drawer storage in a wide variety of types and sizes 4. Under counter storage cabinets with drawers, shelves and doors 5. Corner storage units 6. 30" desk-high, built-in table and storage cabinets

To ALL your work-areas and patient rooms . . . MAYSTEEL CASEWORK & PATIENT WARDROBES add Efficiency . . . Cleanliness . . . Durability!

Hospitals everywhere are proving that Maysteel casework offers modern efficiency throughout the hospital — plus the custom-designed functional storage that is the sign of foresighted planning.

Your hospital plans are modern and your staff will benefit if you specify MAYSTEEL for lifetime service in these typical areas:

- Patient rooms
- Treatment rooms
- Utility rooms
- Floor pantries
- Nurses' stations
- Formula room
- Instrument room
- Fracture room
- Delivery room
- Work and examination space
- Major operating
- Minor operating
- Cystoscopic
- Central sterilizing and supply
- Unsterile supply room
- Unsterile storage
- Sterile storage
- Storage and supply closet
- Corridor storage

**Exclusive Maysteel "Unit-Flexibility"
Provides Built-in Modern Design**



MAYSTEEL PRODUCTS, INC. • 740 N. Plankinton Ave., Milwaukee 3, Wis.

Factories: Mayville, Wisconsin

RETURN THIS COUPON
FOR DETAILS

PLANNING
A NEW HOSPITAL . . .
OR REMODELING?

Call MAYSTEEL for complete
service in Casework, Wardrobes
and Accessories.

MAYSTEEL PRODUCTS, INC.

738 N. Plankinton Avenue, Milwaukee 3, Wis.

Please send the complete Maysteel Story on

☐ Casework

☐ Wardrobe Units

Hospital

Address

City State

Attention:



stick 'em up!

IPCO

STIK-BAG PAT. PEND.



FOR BEDSIDE
WASTE DISPOSAL

NO costly cumbersome wire frame holders

NO unsightly brown paper bags

NO pin-hole damage to sheets

NO wasteful use of adhesive tape

The Ipco "STIK-BAG" is surprisingly economical in addition to its neatness, cleanliness and convenience. Usage has proven that it pays for itself many times over in savings on linens alone. "STIK-BAG" tabs on wherever you want it: to bed, cabinet, wall, bassinette stand, in the nursery, etc.



• FREE SAMPLES ON REQUEST •

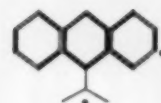


TO APPLY, peel off protective white paper from tab. "STIK-BAG" adheres firmly to wood, glass, metal, etc. Peels off easily without marring surface.

INSTITUTIONAL PRODUCTS CORPORATION • 161 SIXTH AVE. • NEW YORK 13, N. Y.

THORAZINE* ...dramatic in emergencies

vomiting
alcoholism
severe pain
hiccups
acute excitement
status asthmaticus



	Package Size	Price to Hospital
Ampuls 1 cc. 25 mg.	Boxes of 6 Packages of 100 Packages of 500†	\$3.12 box 44.00 pkg. 195.00 pkg.
Ampuls 2 cc. 50 mg.	Boxes of 6 Packages of 100 Packages of 500†	4.38 box 62.00 pkg. 240.00 pkg.
Suppositories 25 mg.	Boxes of 6	1.23 box
Suppositories 100 mg.	Boxes of 6	1.53 box
Syrup 10 mg./5 cc.	4 fl. oz. bottles	1.53 each
Tablets 10 mg.	Bottles of 50 Bottles of 500 Bottles of 5000†	2.13 each 20.24 each 170.00 each
Tablets 25 mg.	Bottles of 50 Bottles of 500 Bottles of 5000†	3.03 each 28.79 each 243.00 each
Tablets 50 mg.	Bottles of 50 Bottles of 500 Bottles of 5000†	3.63 each 34.20 each 270.00 each
Tablets 100 mg.	Bottles of 50 Bottles of 500 Bottles of 5000†	4.83 each 46.32 each 366.00 each
Tablets 200 mg.	Bottles of 50 Bottles of 5000†	64.85 each 510.00 each

†Available only to non-profit (tax exempt) institutions for use within the institution.

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.



**Have you
ever read
the back of
a 7-UP
bottle?**
(You should!)

There, an important story is told about this sparkling, crystal-clear drink. A story of quality—told by a list of ingredients.

With good reason, 7-Up is famous as the *All-Family Drink*—so pure, so good, so wholesome for people of all ages.

The source of the 7-Up flavor is a fragrant, natural oil in the peel of lemons and limes. From every batch of this flavor source, Seven-Up selects less than 5%, *the very essence*, as being delicate and pure enough to be used in the “fresh up” drink! Seven-Up is crystal-clear. No artificial flavor is used.

If you want a real thirst-quencher . . .
If you hanker for a cool, clean taste . . .
If you want a quick, refreshing lift . . .

Nothing does it like Seven-Up!

G. WASHINGTON'S OFFERS You **POSITIVE** COFFEE SERVICE CONTROL



You get superior cup quality and flavor at a lower cost with G. Washington's new 100% pure soluble coffee institution H. & R. grade



URN USE
•
GLASS MAKER USE



FULL-TIME COFFEE SERVICE with G. Washington's provides all these advantages:

1. **FINEST CUP QUALITY**—FRESH FLAVOR and **UNIFORMITY**, cup after cup after cup.
2. **THERE IS A 15% TO 22% SAVING IN COFFEE COST** on G. Washington's 100% Pure Soluble—**BECAUSE** 4 to 4 1/2 ounces of G. Washington's **COSTS LESS** and is equivalent to 1 pound of high grade ground coffee.
3. A **75% SAVING** in brewing time provides **FRESH** coffee when and as you need it—on short notice. And because no coffee is lost in saturated grounds **YOU GET 10% MORE** cups of coffee. No urn bags or filter papers needed. No grounds to dispose of.
4. G. Washington's Soluble Coffee is made in and served from your regular coffee-making equipment.

FREE sample and full information on the G. Washington's 100% Pure Soluble Coffee Plan are yours upon request. Just mail this coupon.

AMERICAN HOME FOODS
G. WASHINGTON'S DIVISION • INSTITUTION PRODUCTS
22 EAST 40TH STREET, NEW YORK 16, N. Y.

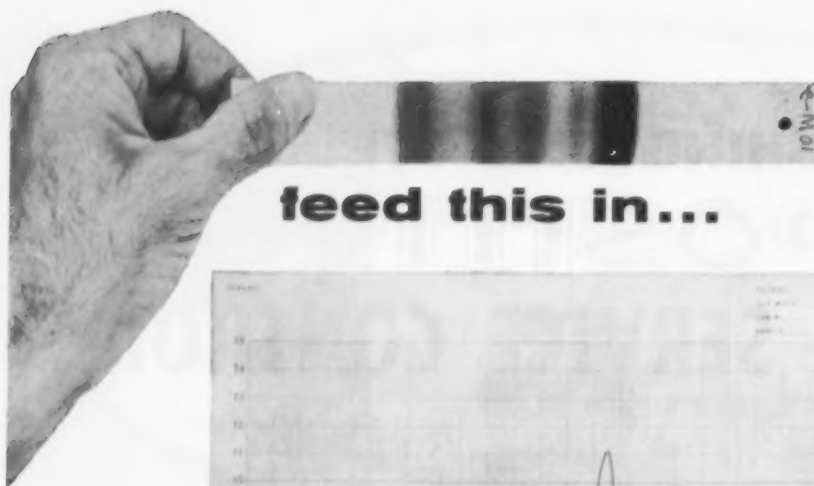
AMERICAN HOME FOODS, Dept. MH-10
G. Washington's Division, Institution Products,
22 E. 40th St., New York 16, N. Y.

Check type of equipment used . . . URN ☐ GLASS MAKER ☐

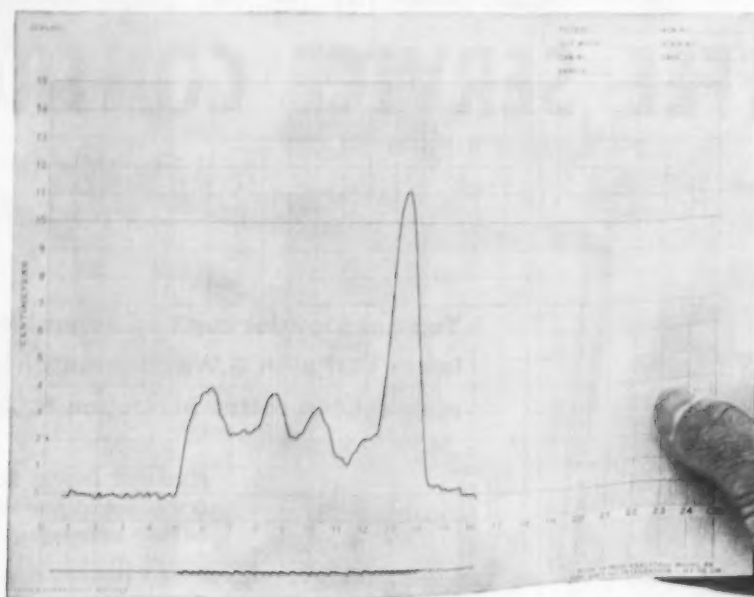
Send me a free sample of G. Washington's 100% pure Soluble Coffee and full information regarding your Soluble Coffee Plan.

NAME _____

ADDRESS _____



feed this in...



**...get this out,
automatically**

Analytically, the Spinco Analytrol is the heart of the Model R Paper Electrophoresis System, offering many additional advantages as a general laboratory tool.

In a matter of seconds it plots the distribution curve of material concentration derived from light transmission. At the same time, it produces an integral, saw-tooth curve from which relative concentrations can be read directly.

Model R Systems are stocked by distributors in principal cities. Or, write for details on this versatile instrument.

Spinco
Analytrol



Spinco *division*

BECKMAN INSTRUMENTS, INC.
BELMONT 2, CALIFORNIA

WHAT'S NEW FOR HOSPITALS

OCTOBER 1956

Edited by BESSIE COVERT

TO HELP YOU get more information quickly on the new products described in this section, we have provided the convenient Readers Service Form opposite page 268. Check the numbers on the card which correspond with the numbers at the close of each descriptive item in which you are interested. The MODERN HOSPITAL will send your requests to the manufacturers. If you wish other product information, just write us and we shall make every effort to supply it.

Sera-Vac Blood Bottle Offers Improved Design

The Sera-Vac, with sterile, vacuum pilot tube inside the blood bottle, provides four primary advantages in blood



bottle design, according to the manufacturer. The new design prevents errors because the internal pilot tube cannot be mislabeled, interchanged, lost or broken; the time of technicians is saved since it is unnecessary to label and tape a pilot tube to the blood bottle; the Sera-Vac is easy to store and rotate for daily inspection, and clot retraction is improved since the internal pilot tube, warmed by the blood around it, cools slowly. **Baxter Laboratories, Inc., Morton Grove, Ill.**

For more details circle #21 on mailing card

Fenlite Window Finishing Eliminates Need for Painting

A new finishing process for steel windows is introduced by Fenestra. Known as Fenlite, the process is the result of years of research and produces a finish which does not need painting. It is designed to maintain a bright finished appearance while withstanding the rigors of all weather conditions, according to the manufacturer.

At the electronically-controlled Fenestra plant the Fenlite eight-step process carries the steel windows through vapor degreasing; pickling; rinsing; liquid fluxing; oven drying; zinc alloying; passivating and chemical polishing, and final product assembly. The resulting windows are described as being protected with an alloy-bonded, high-luster, zinc surface, providing a bright and highly corrosion resistant finish. **Fenestra, Inc., 2250 E. Grand Blvd., Detroit 11, Mich.**

For more details circle #22 on mailing card

Disposable Underpad Available in Giant Size

The Surgine Linen Saver disposable underpad is now offered in a 23 by 24 inch size. The giant size is the result of studies of incontinent patients who were found to need extra coverage area and capacity. The company states the underpad offers 30 percent more protection and absorption.

The underpad is faced with a soft, non-woven fabric, and the filler consists of multi-ply absorbent cellulose. The non-absorbent plastic coated backing paper is positive protection for bed linens. **Johnson & Johnson, Hospital Division, New Brunswick, N.J.**

For more details circle #23 on mailing card

Bedpan Washer-Steamer Has Automatic Operation

The new Wilmot Castle Automatic Bedpan Washer-Steamer operates automatically, yet is equipped with emergency manual control in case of power failure. The new unit has push-button



control operation, eliminating the need for nurse or aid to wait at the unit, time the sequences or return to operate the valves. The cleansing cycle is electromatically timed and cannot be interrupted, thus ensuring thorough washing and steam decontamination for the full necessary period in cleaning bedpans and urinals. Steam and water are saved by the electromatic valve operation and the emergency manual control ensures continuous service, even in case of emergency. **Wilmot Castle Co., Box 629, Rochester 2, N.Y.**

For more details circle #24 on mailing card

(Continued on page 238)

Disposable Enema Tube Has Flow-Rate Control

A "turn-valve cap" in the new Enemol disposable enema tube permits critical



adjustment from closed to desired rate of flow. Contents are sealed off until the patient is made ready. The Enemol valve permits clearing air from the rectal tube prior to insertion. Time and cost studies made by the manufacturer indicate savings effected by routine use of the disposable type enema. Enemol is packed in cases of 24 four and one-half ounce units. **Cutter Laboratories, Berkeley 10, Calif.**


For more details circle #25 on mailing card

Restyled Color Line in Kalistron Wall Covering

The durable vinyl wall covering material, Kalistron, is now offered in a completely restyled color line. Made by fusing colored lacquer to the underside of a clear vinyl sheet, Kalistron has a suede-like back for easy installation. It is especially effective for walls in areas of heavy traffic as the color resists abrasive wear.

Twenty entirely new colors are offered in the new line which offers warm, striking colors especially suited to modern decorative plans. Also added is Shadow-lines, one of the first figured Kalistron patterns. It combines warm, light color with a random tracing of fine lines and is offered in cloud white, sea green, champagne, Dutch blue, desert mauve and lime. All Kalistron colors and patterns are available in two embossed textures: Textured Weave and Spanish Crush Grain. **United States Plywood Corp., 55 W. 44th St., New York 36.**

For more details circle #26 on mailing card



Not only
for surgeons...

but for **ALL** hospital personnel

*Control of many pathogenic
bacteria is achieved by soaps
or detergents containing . . .*

G-11®

(Hexachlorophene U.S.P.)

G-11 is accepted by surgeons throughout the country as the antiseptic ingredient that effectively de-germs the skin without a prolonged scrub-up.

You can minimize hand transference of many pathogenic bacteria by specifying soaps and detergents containing G-11 for all personnel for all uses—for food handlers, technicians, clerical, custodial and maintenance help and others—as well as for nurses and

patients. And remember, products containing G-11 are of utmost importance for the care of new-born infants in the hospital nursery. The use of soaps with G-11 not only can make your hospital cleaner and safer, but can also help to reduce the incidence of secondary infections associated with dermatitis.

Contact your supplier now for liquid, powder and bar soaps containing G-11.

SINDAR® Corporation
Industrial Aromatics and Chemicals
330 West 42nd Street, New York 36, N. Y.

Branches: Philadelphia • Boston • Cincinnati
Detroit • Chicago • Seattle • Los Angeles • Toronto

*It costs no more to buy the best
...always specify*

TORRINGTON

Stainless Steel

SURGEONS NEEDLES



Send for new, complete
catalog—a handy guide
to all sizes and types of
Torrington Stainless
Steel Surgeons
Needles. Fully
illustrated.



THE TORRINGTON COMPANY

Torrington, Conn.

Gentlemen:

*Please send a copy of your new catalog of
Torrington Stainless Steel Surgeons Needles to*

Name

Address

City Zone State



WHAT'S NEW

Multi-Hite Bed Operates Automatically



The new Hard No. 1495-PG Electro-Matic Multi-Hite Bed is activated by a 1/4 h.p. electric motor. The entire bed

spring is raised or lowered in a steady, quiet motion by the touch of a switch. The automatic operation leaves the nurse free to perform other patient room duties while the bed adjusts to the desired height. A special patient control switch permits the patient to lower the bed himself upon entering or leaving it. Bed-rest patients are thus relieved of a sense of dependence on the nurse for bed adjustments. Safety Slida-Side fittings are standard equipment on the bed. **Hard Mfg. Co., 117 Tonawanda St., Buffalo 7, N.Y.**

For more details circle #7 on mailing card

Additional Cleansing With Neo-Health Toilet

A built-in spray at the back of the toilet bowl is a feature of the new Neo-Health bathroom fixture. The result of years of research and planning, it incorporates design advances suggested by medical and public health authorities. The concept of the Neo-Health toilet is to provide water in an easy, efficient manner as a cleansing agent, permitting



patients to attain greater personal cleansing unaided. The design of the built-in spray makes the cleansing operation fast and easy. A separate handle located at the rear of the toilet bowl releases water from a special compartment in the tank. The resulting spray action assists in giving a gentle, yet thorough cleansing. The hygienically shaped saddle seat provides a natural position for using the cleansing stream of water. **American Radiator & Standard Sanitary Corp., 40 W. 40th St., New York 18.**

For more details circle #8 on mailing card



The above Thurmaduke Triple Cafeteria Counter Installation is located at the National Music Camp, Interlochen, Mich. This world famous educational institution for talented young people occupies more than 300 buildings located on a woodland campus of over 700 acres, bordering on two beautiful lakes. Approximately 1900 students are enrolled each year.

"Everyone is pleased with our delicious food, speedy service"

Mr. J. Wendell Turner, Director of Food Service at the famous National Music Camp, writes he has received many compliments on his new Thurmaduke counters. He says, "Service is now so rapid, virtually all waiting in line has been eliminated. For example, we have served as many as 1,565 persons at one meal in considerably less than our regular serving hour."

Work is done with less effort and everyone is pleased with the delicious food and speedy service. It has also been a great

source of personal satisfaction to me to have this modern installation rated by the local health authorities as among the finest in the area, from the standpoint of functional beauty and sanitation."

You can improve the efficiency of your operation as Mr. Turner and thousands of other progressive operators are doing. If you plan to replace or add equipment, just drop us a line for complete specifications and some interesting facts on Thurmaduke exclusive advantages.

THURMADUKE

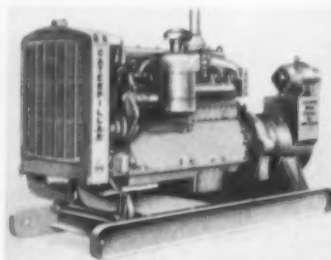
DEPENDABLE FOOD SERVICE EQUIPMENT

DUKE MANUFACTURING CO. 2305 NO. BROADWAY, ST. LOUIS 6, MO.

Write Dept. MH-10

Self-Regulated Diesel Power Generating Equipment

The Cat D342 Electric Set is a new 100 KW self-regulated diesel electric set



employing a highly compact Caterpillar self-regulated generator. The advantages of previous self-regulated and externally-regulated generators are combined in one package in the new 100 KW set. The compact size and ease of connection facilitate installation as no elaborate switchboards or external controls are required.

Designed and built specifically to match the Cat D342 Diesel Engine which powers it, the new generator features extremely close voltage regulation. **Caterpillar Tractor Co., Peoria, Ill.**

For more details circle #9 on mailing card
(Continued on page 242)

Quaker Oats

...an all 'round Ingredient, too



Yeast and Quick Breads

Rolls, coffee cakes, muffins, quick breads—all with a rich nutty flavor. Stay extra fresh and moist.

Cookies

Drop cookies, bar cookies, refrigerator cookies—all as tempting as the old favorite Oatmeal cookies.

Desserts

Tender pie crusts, crunchy topping for fruit "crisps". Perfect for tasty tortes and cobblers.

Meat Loaves and Hamburgers

Quaker Oats as a meat base holds the juices—cuts shrinkage—keeps the rich meaty flavor.

As an ingredient, Quaker Oats makes so many foods so good, you'll find a place for them on menus around the clock. It's smart business too, because Quaker Oats are low in cost, quick and easy to use.

Try Quaker Oats as an ingredient soon. For special quantity recipes, write for "Oats Ingredient Recipes", The Quaker Oats Company, Institutional Food Sales Department, Merchandise Mart, Chicago 54, Illinois.



THE QUAKER OATS COMPANY, CHICAGO 54, ILLINOIS



WESTERN UNION
SENDING BLANK

ALL
LETTERS

CHARGE TO

CHAMBERLIN COMPANY OF AMERICA
1254 LA BROSSIE STREET
DETROIT 32, MICHIGAN

PATIENT'S ESCAPE FAILED. PSYCHOSECURITY
SCREEN DAMAGED. RUSH WIRE REPLACEMENT
FOR ROOM 303. URGENT.

HOSPITAL DIRECTOR

Send the above message, subject to the terms on back thereof, which are hereby agreed to

PLEASE TYPE OR WRITE PLAINLY WITHIN BORDER—DO NOT FOLD

IN ONLY A MATTER OF HOURS CHAMBERLIN ASSURES EXPRESS SHIPMENT OF NEW PSYCHOSECURITY SCREEN PANEL ASSEMBLY. LESS THAN ONE HOUR WITH A SCREW DRIVER COMPLETES SCREEN PANEL REPLACEMENT.

3 CHAMBERLIN SCREENS MEET THESE NEEDS

- a DETENTION TYPE**
To withstand the fury of violent attack
- b PROTECTIVE TYPE**
For the less violent
- c SAFETY TYPE**
For mildly disturbed patients requiring protective custody

NO OTHER MAKE OF PSYCHOSECURITY SCREEN CAN BE SERVICED OR CLEANED AS EASILY AS CHAMBERLIN.

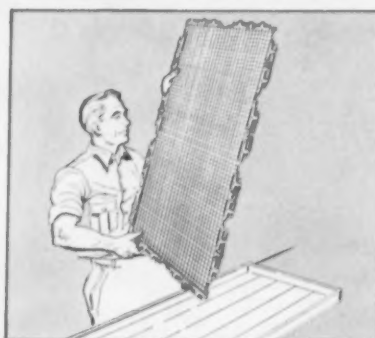


Get the facts on
CHAMBERLIN
CHAMBERLIN COMPANY OF AMERICA

PSYCHOSECURITY SCREENS
CHAMBERLIN COMPANY OF AMERICA
Special Products Division
1254 LA BROSSIE STREET • DETROIT 32, MICHIGAN
CHAMBERLIN INSTITUTIONAL SERVICES also include Mineral Wool Insulation, Metal Weather Strips and Caulking, Metal Combination Windows and Doors, Metal Insect Screens, Aluminum and Fiber Glass Awnings.



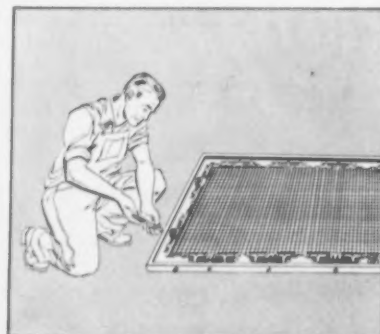
1 From shop drawings and production schedules a Chamberlin engineer determines size of screen panel replacement.



2 Replacement screen panel with all hardware applied in proper position is shipped by express.



3 When replacement arrives a hospital maintenance man simply removes hinge pins and lays swing section of unit on the floor.



4 Using only a screw driver, damaged screen panel is removed and replaced with a new panel, complete with factory-applied springs and clevises.



Why don't you talk to the men at Cumerford about raising the money?

Wherever you look these days, beautiful new hospitals are going up.

How about you—are you going to get that new wing—nurses home—children's building?

Why don't *you* talk to the men at Cumerford about raising the money?

Cumerford campaign directors, right now are raising money for hospitals throughout the country. **A recent campaign in the capitol city of Missouri, Jefferson**

City, produced an astonishing over-subscription of \$260,000 — the goal of \$350,000 was surpassed early in the campaign and total gifts of over \$610,000 came in!

Call or write Cumerford and a representative will meet with you and help you crystallize your problem at no cost or obligation. Cumerford, Incorporated, America's growing fund-raising consultants, 912 Baltimore Avenue, Kansas City 5, Missouri. Telephone BALtimore 1-4686.

WHAT'S NEW

Adjustable Bed for Cardiac Patients

The new Champagne Cardiac Bed has a three-section spring and is designed to



meet all requirements for cardiac therapy. The spring adjusts from flat horizontal to full chair position within the spring frame, permitting the patient to assume full sitting position without leaving his bed. Each section is independently adjustable by means of folding hand cranks located at the head end of the bed. The leg section adjusts from 15 degrees above to full 90 degrees below the horizontal plane. The center section can be elevated or lowered to any point from horizontal to full chair. The patient can be placed in reclining chair position, semi-sitting, upright or sitting position with knees flexed or with knees and legs raised in the new Cardiac Bed. Champagne Co., 1920 S. Jefferson Ave., St. Louis 4, Mo.

For more details circle #10 on mailing card

Fresh-Cooked Vegetables for Every Tray

Hospitals can serve freshly cooked vegetables to each patient with the new Flex-Seal System Speed Cooker. Approximately 200 servings per hour of freshly cooked vegetables can be prepared in each unit cooker. The new cookers, available with from one to five individual cooking units, feature the exclusive "Short Time Cycle." Operation is automatic, temperatures reaching 15 pounds per square inch at 250 degrees F. in about one minute. A standard 30 ounce institutional pack of frozen vegetables is



cooked, without defrosting, and ready to serve in four to five minutes. The quick

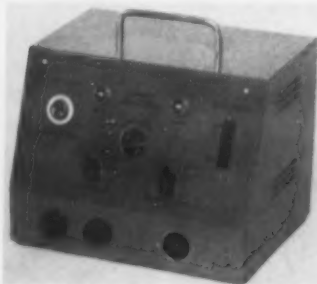
cooking preserves flavor, texture, color and vitamin and mineral content in vegetables and other foods.

When cooking is completed, steam shuts off automatically and the cooker vents into the drain, not into the room, allowing the pressure to drop off entirely in about 30 seconds. The patented flexible steel self-sealing door is designed to eliminate any steam hazards and to open only when the speedy Vischer Flex-Seal System cycle is complete and pressure is down. The new Flex-Seal Cooker is easily installed by plugging into any three-phase 220-volt outlet and hooking it up to a water line and a drain. The entire cooker is of stainless steel. Each unit is supplied with one solid and one perforated three-quart size stainless steel pan. Vischer Products Co., 2815 W. Roscoe St., Chicago 18.

For more details circle #11 on mailing card

Birtcher Devices for Operating Room Emergencies

Two new instruments designed to lessen surgical deaths are introduced by Birtcher. The Cardiac Heart Pacer sends electric surges into the heart through externally placed electrodes to



establish and maintain a properly paced ventricular rhythm until the natural intracardiac pacemaker can resume control. The Cardiac Defibrillator, illustrated, is designed to stop ventricular fibrillation through the application of a strength-controlled, timed electric shock directly to the ventricles of the heart where ventricular fibrillation accompanies cardiac arrest. The two new devices are designed especially for use in operating room emergencies. The Birtcher Corporation, 4371 Valley Blvd., Los Angeles 32, Calif.

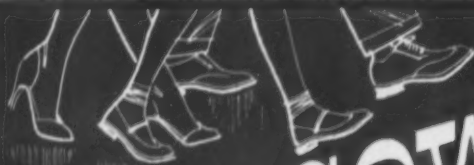
For more details circle #12 on mailing card

Smaller Size in Stainless Steel Urinal

A new smaller size is available in the Vollrath stainless steel urinal. The 24 ounce container is large enough for general use yet light in weight and easy to handle. It is made of heavy gauge seamless stainless steel for general hospital use. The Vollrath Co., Sheboygan, Wis.

For more details circle #13 on mailing card
(Continued on page 246)

"The Lustre that Lingers"



DOLCOWAX

The lustrous,
non-suff FLOOR WAX
that outlasts them all

DOLCOWAX spreads swiftly on large floor areas where in addition to appearance, safety and durability are major considerations. Premium quality DOLCOWAX is a money saver because it gives non-suff protection longer. DOLCOWAX second-costs beautifully without crawling. Easy to

apply on linoleum, cork, asphalt tile, mastic, rubber, vinyl or sealed wood flooring.



For literature on floor finishes
write
The C. B. Dolge Company,
Westport, Conn.

For free sanitary survey of your
premises ask your Dolge service man

DOLGE
WESTPORT, CONNECTICUT

NATCO CERAMIC GLAZE VITRITILE

The strong load-bearing wall material that meets all hospital requirements.

- Completely sanitary and germ proof
- Structurally strong and fireproof
- Permanently beautiful
- Easy soap and water maintenance



Interior view of Mobile Infirmary, Mobile, Alabama, in which Natco 8W series, ceramic glaze Vitritle was used. Architects—Platt, Roberts & Company, Mobile, Alabama. Contractors—Henry C. Beck Co., Atlanta, Georgia.

8W series Vitritle
7 1/4" x 15 1/4" face size.
Also available: 6T series
Vitritle—5 1/4" x 11 1/4" face size,
and 4D series—5 1/4" x 7 3/4" face size.

Natco structural ceramic glaze Vitritle is the double-feature building material that provides a sturdy load-bearing wall *plus* an attractive interior finish in one operation. And the sparkling permanent interior glaze finish is *color engineered*.

Year in and year out, Natco ceramic glaze Vitritle stays beautiful and unmarred. No painting, no repairing ever . . . just soap and water washing is all the maintenance needed.

Made in modular dimensions in three different face size series, including various shapes and fittings, Natco ceramic glaze Vitritle is adaptable to any modern layout . . . requires but little cutting on the job. This promotes fast erection at lower costs.

If there is a new hospital building or an addition in the planning stage, it will pay you to investigate this proved material. We will be glad to furnish a list of Natco ceramic glaze Vitritle hospital installations on request. Write for Vitritle Bulletins 8W-455, 6T-1155, 4D-254.



NATCO CORPORATION



General Office: 327 Fifth Avenue, Pittsburgh 22, Pa.

District Sales Offices

Boston 16, Mass., 20 Providence Street, Tel. Hubbard 2-3549—2-3556
Chicago 6, Ill., 205 West Wacker Drive, Tel. Franklin 2-5754
Detroit 2, Mich., 2842 West Grand Boulevard, Tel. Trinity 3-0310
New York 17, N.Y., 205-17 East 42nd Street, Tel. Murray Hill 4-1922

North Birmingham 7, Ala., P.O. Box 5476, Tel. Birmingham 4-1881
Philadelphia 2, Pa., 1518 Walnut Street, Tel. Pennypacker 5-5112
Pittsburgh 22, Pa., 327 Fifth Avenue, Tel. Grant 1-9370
Syracuse 10, N.Y., 225 Kensington Place, Tel. Syracuse 76-1569

In Canada: Natco Clay Products Limited, 57 Bloor Street, West, Toronto 5, Ontario



5 Reasons Why KENWOOD BLANKETS

save you money...
guarantee satisfaction!

- 1 Distributed direct from mill to you to save you money... give you better service... more value per dollar.
- 2 Heavily pre-shrunk to maintain original size and bulk through countless washings.
- 3 Available in a complete size, style, color and price range to fit your every need. Imprinted with your own crest—or one which we'll help you design.
- 4 Woven to your own specifications of finest fibres in a sturdy construction that assures years of lasting beauty and comfort.
- 5 Sold by Kenwood's own representatives—blanket experts qualified to help you in working out your every blanket problem.

KENWOOD BLANKETS

For complete information,
mail coupon today!



Kenwood Mills
Contract Division MH-10
Empire State Building
350 Fifth Avenue, Room 5801
New York 1, New York

- ☐ Please send me swatches, prices and full information about Kenwood's direct-to-buyer contract blanket line.
- ☐ Please have your representative call.

Name _____ Title _____

Address _____

City _____ State _____

500 PRODUCTS and REASONS TO BUY BLOOMFIELD

Here are 31 QUALITY DISPENSERS TO GIVE YEARS OF PERFECT SERVICE ON TABLE AND COUNTER

Manufactured and Guaranteed by Bloomfield!

No. 131 No. 121 No. 112
SALT AND PEPPER SHAKERS

No. 90 SUGAR BOWL

No. 103W DISPENSER

No. 103ES DISPENSER

No. 89 SUGAR POURER

No. 99 SUGAR POURER

No. 102 SUGAR POURER

GLASS CREAMER

No. 1627 No. 1628

No. 1115 DISPENSER

No. 109 PLASTIC DISPENSER

No. 1112 DISPENSER

No. 1111 DISPENSER

No. 100 SUGAR POURER

No. 3705 SUGAR POURER

No. 3706 SUGAR POURER

No. 206 NAPKIN HOLDER

No. 208 NAPKIN DISPENSER

No. 1033 MUSTARD-HORSERADISH SERVER

No. 1427 No. 1428

MUSTARD AND KETCHUP DISPENSERS

No. 202 NAPKIN HOLDER

No. 88 SERV-A-PIK

No. 2427 No. 2428

No. 2627 No. 2628

Send for FREE Bloomfield Catalog.
Bloomfield products carried by all equipment dealers.
For any product not available, contact us.

BLOOMFIELD INDUSTRIES, INC.

4546 WEST 47th STREET • CHICAGO 32, ILL.

TORONTO NEW YORK LOS ANGELES



first see **General** Floorcraft's Amazing new floor maintenance machines - then decide!

WE'RE SURE that when you've seen the truly new and revolutionary GENERAL KR DeLuxe Machines, with more features than you can count . . . (another First in America's Foremost Line of Quality Floor Machines), you'll find now, as always, GENERAL FLOOR MACHINES CANNOT BE OUTDONE!

THESE OUTSTANDING QUALITIES MAKE GENERAL THE "PACE-SETTER" IN THE INDUSTRY!

- PRECISION ENGINEERING
- RUGGED CONSTRUCTION
- MAINTENANCE-FREE OPERATION
- MANY LABOR-SAVING FEATURES
- PERFECT BALANCE — LOW CENTER OF GRAVITY
- ALL CORROSION-RESISTANT POLISHED METALLIC SURFACES

EACH MACHINE PAYS FOR ITSELF WITHIN A YEAR!

Whatever Your Floor Need . . . GENERAL-ize!

Famous K Series available in 12", 14", 16", 18", 22" sizes



General

FLOORCRAFT, INC.
421 Hudson St., New York 14, N. Y.

World's Most Complete Line of Floor Machines
For Home, Industrial and Institutional Use

General's New KR DeLuxe Machines with These New PLUS Features!

1. **EZEE-ADJUSTO HANDLE** — fully adjustable for space-saving storage, for height of any operator, or for pivotal operation.
 2. **EZEE-ROLL WHEELS** — two 6" wheels, with semi-pneumatic tires.
 3. **WRAP-A-ROUND BUMPER** — made of non-marking white rubber.
 4. **AUTO-MATE SAFETY SWITCH** — for right or left hand operation.
 5. **NON-MARKIT** grey rubber cord.
- Many Other Features!



KR-14 — 15" diam.
operating brush spread
KR-16 — 17" diam.
operating brush spread
KR-18 — 19" diam.
operating brush spread

IF YOU ARE INTERESTED IN FLOOR PROTECTION THRU EFFICIENT FLOOR MAINTENANCE, MAIL THIS COUPON

- ☐ Have Distributor call on us.
☐ Send complete information, literature and prices.

COMPANY _____

STREET _____

CITY _____ STATE _____

MY NAME _____ TITLE _____ MH-1'

WHAT'S NEW

Plastic Floor Tile in Marble Pattern



Fine marble patterns are simulated in the new Nairon Custom Venetian Plastic Tile developed in Gold Seal. Colors are locked in to prevent smearing and the

designs are replicas of those found in the marble in famous European buildings. The design mixes well with brass, copper and stainless steel strips. Colors include Charcoal and Pink, Gray, Taupe, Green and Beige.

A second new pattern in plastic tile is known as Nairon Custom Marble and is offered in seven colors: mocha, cocoa, wood rose, almond green, black and white, platinum and charcoal. The new tile is described as the result of a new formulation that gives exceptionally high resistance to soiling and indentation.

A third new pattern, Nairon Custom Sequin, gives a "sequin" effect and is

offered in 19 colors. The plastic tiles have built-in dimensional stability, exceptional recovery from heavy loads, high resistance to abrasion, and are chemical resistant. Gold Seal Division, Congoleum-Nairn Inc., 195 Belgrove Drive, Kearny, N.J.

For more details circle #14 on mailing card

Detectable Insert for Radiopaque Sponge

An x-ray detectable insert is now available on each Curity Rondic radiopaque sponge. The insert offers positive assurance against loss of the round, cotton-filled Rondic sponge used in deep surgery. The definite pattern of the insert cannot be mistaken. Bauer & Black, 309 W. Jackson Blvd., Chicago 6.

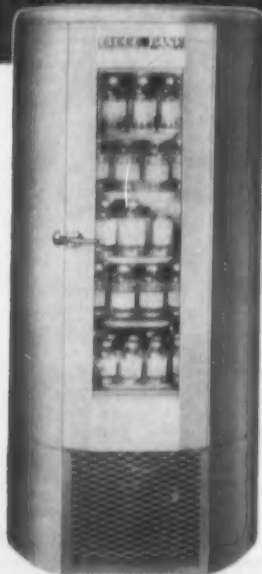
For more details circle #15 on mailing card

**EVERY
BOTTLE
IN EASY
REACH**

in the . . .



JEWETT Cylindrical Blood Bank with ADJUSTABLE, REVOLVING shelves



The revolving shelves in the Jewett Cylindrical Blood Bank put every bottle in front . . . in sight . . . in easy reach! Any bottle can be removed immediately without disturbing the separation of blood cells from the plasma in any other bottle. Every label can be read easily insuring the use of the oldest blood first. All these features are yours in less than half the space needed for ordinary refrigerators of equal capacities. Two models available, Model #1 for hospitals maintaining large blood banking facilities; Model #2 (illustrated) for smaller hospitals.

RECORDING THERMOMETER

Available as an added feature; gives you a continuous accurate, permanent record of stored blood temperature.



WHITE DEPARTMENT MH

THE JEWETT REFRIGERATOR COMPANY, INC.
BUFFALO 13, N.Y.

MANUFACTURERS
OF REFRIGERATORS
OF EVERY TYPE
FOR INSTITUTIONS
Since 1849



Redesigned Gift Wagon in Four Colors

Four standard colors are available in the redesigned Cres-Cor Gift and Utility Wagon. Other colors are available on



special order. The all-aluminum cart, manufactured in two sizes, is lightweight and easy to handle. The junior model has two shelves with four removable trays. The senior size has three shelves and six trays. When the top shelf partition is lifted out, a deep top compartment is available. Both are offered in Aqua Green, Cherry Red, Candy Pink and Aluminum Satin.

All units carry a cash box which is now made with a clip for easy removal in carrying cash to the safe. Special heavy duty center wheels are used for improved maneuverability and the steering caster wheels are close to the outer edges for even weight distribution when the cart is filled. The cart can be used as a gift wagon to carry books, candies, magazines, beverages and other items. When the trays are removed the cart serves as a utility wagon for maintenance or house-keeping items or for carrying foods. Crescent Metal Products, Inc., 18901 St. Clair Ave., Cleveland 10, Ohio.

For more details circle #16 on mailing card

(Continued on page 248)

delight your patients — trim your budget
with **POLAR WARE'S** new
Insulated Beverage Server



SERVE
HOT BEVERAGES



SERVE
CHILLED JUICES



FOR THE PATIENT —
HOT OR COLD
AS PRESCRIBED

**HOLDS
TEN OUNCES**



At last, a superior server at a common-sense price

The hospital market has long been waiting for an individual insulated server made to specifications like these:

Balanced, easy-to-lift handle with thumb-lift lid; foolproof, no-drip pouring lip; inset and outer shell each durable stainless steel, styled in modern lines — and priced to make it available for every patient's tray.

And because it's Polar Ware, you know this new server is right — made of heavy gauge stainless steel, electro-polished on the inside and highly polished on the outside — the finest, longest-lasting finish there is! You'll be glad to know, too, that this new beverage server rides through a dish washer on its side, and it's made to exceed all U.S. Government standards for holding the temperature of hot or cold liquids.

The supply house men who call on you will be glad to give you the happy facts. You'll find the best of them carry Polar Ware . . . or, if you prefer, call or write today for full information.

Polar Ware Co.

*** 4300 LAKE SHORE ROAD
SHEBOYGAN, WISCONSIN**

Merchandise Mart — Chicago 54
Room 1455

* 123 S. Santa Fe Ave.
Los Angeles 12, California

* 415 Lexington Ave.
New York 17, New York

Offices in Other Principal Cities
*Designates office and warehouse

WHAT'S NEW

Safety Sides Fold Out of the Way

The new Tomac Three-Quarter Safety Sides fold up out of the way when not



needed. They may be left on the bed ready for use, or stored away. One nurse can easily and quickly attach the sides without tools. The three-quarter length sides give full protection to the post-operative or restless patient, yet permit egress from the foot end of the bed.

When folded out of the way the new Tomac Sides do not interfere with foot room, containers or other objects under the bed. They are made of chrome-plated steel and will slide easily and smoothly without possibility of injuring fingers when closing. American Hospital Supply Corp., Evanston, Ill.

For more details circle #17 on mailing card

Agatine Floor Tile Provides Quiet Comfort

A new type of resilient floor tile, featuring a multicolored effect derived from the gem stone agate, is now being manufactured by the B. F. Goodrich Company's flooring division. Named "Agatine," the new floor covering provides the quiet and comfort of rubber. The super-dense surface eliminates dirt-catching surface pores, which makes for easier cleaning. Symmetrical patterns make marks and flecks barely visible.

No laminates or surface finishes are used to achieve the distinctive color effect. A special process makes Agatine a homogeneous material with the many colored, banded, agate-like structure extending throughout the full thickness. The tile resists the scuffing and scraping of the heaviest foot traffic encountered on institutional and other floors. Agatine is manufactured in a variety of colors in standard 9 by 9 tiles. It comes in 1/8 inch thickness for heavy traffic areas and in 80 gauge for lighter traffic areas.

B. F. Goodrich Co., Flooring Division, Watertown, Mass.

For more details circle #18 on mailing card

Magic Voice System for Instant, Quiet Paging

Doctors, nurses and service personnel can be paged quietly and quickly with

(Continued on page 252)

the new Magic Voice System of radio paging. Not a selective system, the paging is heard by those carrying or wearing the three-ounce transistor induction receiver which is powered by a 350-500-hour life battery. Paging is not heard by patients or visitors. The system can be used only for professional personnel or for administrative and maintenance personnel as well.

Building installation of the necessary antenna is easily accomplished. The main microphone station is set up at the telephone switchboard or in the office, as desired. Additional stations can also be installed in other locations. The Magic Voice System saves time in reaching professional or other persons in the



hospital, is easily installed, inexpensive and efficient in operation. Master Video Systems, Inc., 37 W. 53rd St., New York 10.

For more details circle #19 on mailing card



TUBULAR
STEEL
FOLDING
CHAIR

NUMBER

77

UPHOLSTERED SEAT

BETTER BUILT FOR LOW COST MAINTENANCE

Sky high in style, down to earth in price, Hampden is the answer to public seating that requires smart, modern appearance at an economical cost. Handsome styling, strong, rugged construction, comfortable seating should make Hampden your first choice.

Write Department 6J
for illustrated brochure
of complete line

Hampden

SPECIALTY PRODUCTS, INC.

EASTHAMPTON - MASSACHUSETTS



Model 250

4 sizes
for
all needs

Gennett's improved Model 250 holds 250 lbs. cubed, cracked or flaked ice. Cabinet . . . 38"x24"x36 1/2" high . . . all stainless inside and out . . . with flip-top stainless steel insulated lid. 6" semi-pneumatic tired wheels . . . swivel rear . . . front stationary . . . ball bearings . . . easily maneuverable. Rubber bumpers. Rubber covered handles. Hand operated drain. Overall 48" long x 40 1/2" high.

Hospitals large and small will find one or more of Gennett's Mobile Ice Carts will satisfy their needs. Those with heavy ice service requirements like the improved Model 250 with its big capacity . . . wonderful mobility. Simplify the job of conveying ice to the patient . . . quickly . . . efficiently . . . thriftily . . . no matter where it is made. Insulated to keep melting to a minimum even on a 90° day. Designed so non-professional help provide efficient service. Let Gennett counsel with you on your ice storage and service problems. Write for catalog today to GENNETT AND SONS, INC., One Main Street, Richmond, Indiana.

GENNETT Ice Carts

REGISTERED NURSES

PROVINCIAL MENTAL HEALTH SERVICES OF BRITISH COLUMBIA

Applications invited for staff and administrative positions for Psychiatric and Tuberculosis units in the Essondale area, which is on the outskirts of Greater Vancouver. These positions have been created through reorganization and expansion of the Department of Nursing.

Positions open:

Supervisors:

for 225 bed Psychiatric and Tuberculosis unit.

Post graduate course in supervision or administration and post graduate course in Psychiatric and Tuberculosis nursing or equivalent experience.

Salary: \$260.—\$315. per month.

Supervisors:

for Psychiatric units. Post graduate course in supervision and psychiatric nursing or equivalent experience.

Salary: \$260.—\$315. per month.

Head Nurses:

for Medical Surgical infirmary wards and Tuberculosis wards. Post graduate course in psychiatric nursing or equivalent experience.

Salary: \$255.—\$287. per month.

Head Nurses:

for Mental Health Centre. Post graduate course in Psychiatric Nursing or equivalent experience.

Salary: \$255.—\$287. per month.

Staff Nurses:

for Medical Surgical wards and Tuberculosis wards.

Salary: \$239.—\$271. per month.

40 hour week, statutory holidays, 4 weeks vacation with pay annually. Residence accommodation in modern residence \$5. per month, cafeteria meal service, 30c per meal. Recreational facilities. Applicants must be British Subjects and eligible for registration with Registered Nurses' Association of British Columbia. Apply to:

THE PERSONNEL OFFICER, *Civil Service Commission*, Essondale, B.C.

YOU CAN TELL
THE DIFFERENCE
BY THE FEEL...

THE BRUSH OF CHOICE

ANCHOR *All-Nylon* SURGEON'S BRUSH

Tough... Guaranteed to withstand more than 400 autoclavings

Gentle... Tufts are soft but firm... specially tapered for better scrub-up efficacy with more comfort

Anchor Brushes weigh only 1½ oz. . . grooved handles for firmer gripping . . . crimped bristles for better soap retention . . . designed for efficient use in Anchor's modern brush dispensers.

Anchor Brushes save money for you because of their unusual durability and outstanding performance. They are the most economical on the market today.

Order by the dozen or gross from your hospital supply firm . . . today!

Other outstanding Anchor Products...
the new All-Nylon Emesis Basins
All-Nylon Drinking Tumblers
Stainless Steel Surgeon's
Brush Dispensers



Sold Only Through Selected Hospital Supply Firms

ANCHOR BRUSH COMPANY
AURORA, ILLINOIS

Write for Complete Information to Exclusive Sales Agent

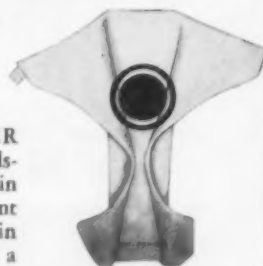
THE BARNES COMPANY
1414-A Merchandise Mart • Chicago 54, Illinois

NEW DIAPER LIKE B-29

For Free Booklet Write to
Dexter Diaper Factory, Dept.
MH, Houston 8, Texas.

AT LAST!

A HOSPITAL DIAPER
Put the baby on the bulls-eye—wing section goes in back, tail section in front and bomb-bay snugs up in crotch to absorb like a sponge. The most economical diaper ever devised for hospital use—saves half the changing time in the nursery and half the washing expense in the laundry. IMMEDIATE SHIPMENT DIRECT FROM FACTORY.



ASK FOR

DEXTER
NO FOLDING
DIAPER

This name is sewn in every genuine diaper for your protection.



keep instruments
sterile, rust-free

Pheneen®

Surgical instruments, once autoclaved, are kept germ-free, ready to use for weeks at a time with PHENEEN. Powerful wetting properties assure penetration into tiny crevices and joint surfaces. A strong germicide with specific sporocidal action, PHENEEN also contains long-lasting, "built-in" rust inhibitors. Corrosion and rust are prevented; solution change is infrequent.

Truly, PHENEEN supplies vital low-cost protection for expensive surgical instruments. Write for literature and your trial supply.

*Brand of Benzalkonium
Chloride 1% (alkyl di-
methyl benzyl ammoni-
um chloride 1:100)



AN **ULMER** PRODUCT

distributed by

PHYSICIANS & HOSPITALS SUPPLY CO.
DEPT. 5 • MINNEAPOLIS 3, MINNESOTA

The MODERN HOSPITAL

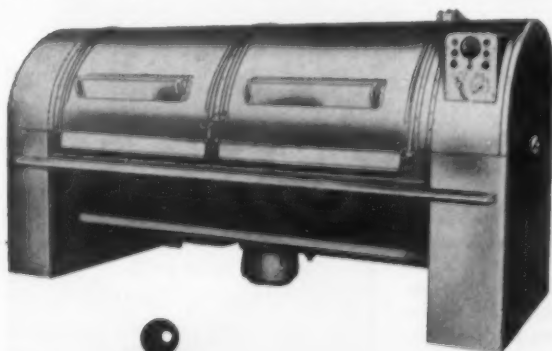
for your hospital . . . COMPLETE LAUNDRY EQUIPMENT SERVICE by **HOFFMAN**

Hoffman provides an all-inclusive service to simplify every step in the planning, equipping and operation of your new or modernized laundry. Whatever the size or special requirement of your laundry needs, consult your Hoffman Laundry Engineer for his authoritative recommendations assuring lowest operating costs, maximum production, greatest savings.



HOFFMAN WASHERS

Save extra time and work with a Hoffman Unloading Washer (above) which transfers work directly, automatically, into trucks or basket halves from an unloading extractor. Standard model (below) has open-pocket or horizontal partition and reinforced, all-welded stainless steel construction throughout. Hoffman also offers a range of washers with side-loading or open-end loading for small lots and re-runs.



HOFFMAN LAUNDRY EXTRACTORS

Model shown is an Unloading Laundry Extractor which avoids manual handling of work, speeds production and saves manhours. Also, Hoffman Open-top Laundry Extractors in 40 and 48-inch basket diameters. Smaller Hoffman Extractors are the 17, 26, and 30-inch Steel Curb models. All three types assure you high-speed acceleration, powerful braking for quick stops and maximum extraction . . . truly unparalleled efficiency in their size and type ranges.



HOFFMAN TUMBLERS

The "Balanced-Suction" Tumbler is available in two types: re-circulating or once-through, both of which have separate motors for cylinder and fan. For quick and easy loading and unloading Hoffman also makes an Open-end Tumbler with high-velocity fan and improved down-draft method of directing air through load combine to give fastest low-temperature drying.



H O F F M A N

A COMPLETE LINE OF EQUIPMENT • A COMPLETE LAUNDRY SERVICE

For additional information and literature, please call your nearby Hoffman representative, or write:

U.S. HOFFMAN MACHINERY CORPORATION 105 FOURTH AVENUE, NEW YORK 3, N.Y.



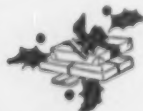
**A
Merry Christmas
For Your Patients
with colorful Christmas
napkins and tray covers**

Christmas tray service takes on a new gaiety with Aatell & Jones' cheerful, colorful Christmas tray appointments.

Paper napkins and tray covers, in new designs for the Yule Season, put zest in the meal . . . add a festive note which means so much to patients.

Bright, cheerful surroundings do much in speeding a patient's recovery. Aatell & Jones holiday and Sunday paper tray appointments, through their lively and colorful designs, lift patients' morale. They mean more sanitary service, too, with a clean new tray cover for each serving.

**Order now for
immediate delivery.**



**Aatell
&
Jones, Inc.**

3340 FRANKFORD AVE.
PHILADELPHIA 34, PA.



WHAT'S NEW

Prone Position Pad Facilitates Breathing

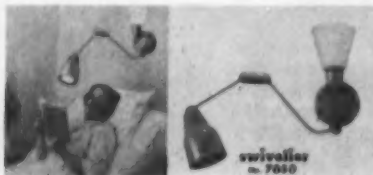
The new Orthopedic Prone Position Pad has been developed to give comfort-



able support to shoulders and hips during back operations, while allowing free respiration and minimal abdominal compression. A center opening well in the three-inch thick sponge rubber pad gives the patient breathing area. The pad has a conductive, Koroseal cover for easy cleaning. The side aprons tuck under the table to hold the pad in position. A smaller version of the Prone Position Pad is available as a rest for comfortable positioning of the head during administration of anesthetics. **Orthopedic Frame Co., 420 Alcott St., Kalamazoo, Mich.**
For more details circle #20 on mailing card

Adjustable Lights Hold Their Positions

The new Swivelier Hospital-Lites are adjustable to any need, yet do not drop down despite frequent adjustment. They have the Swivelier spring-tension sockets



and swivels which permit adjustment to any angle.

There are 14 different models in the new line, most of which feature the Swivelier Coolite Shade. This metal shade remains cool and comfortable to the touch, even after long hours of use with up to 100 watt lamps, and prevents burns to patients, physicians or nurses. Units for wall mounting are supplied with the Swivelier Shur-Mount plate for secure mounting and quick, simple installation. The Plug-Rack feature in the lamps permits connection and disconnection of the units without disturbance to the electrical feed connections. Included in the line are nine wall models, two floor models, two laboratory models and one model for attaching to the hospital bed. **Swivelier Company, Inc., 43 34th St., Brooklyn 32, N.Y.**
For more details circle #21 on mailing card

(Continued on page 254)

the NEW *Comfort-Fold* ALUMINUM **ROLLAMODE**

AN ALUMINUM FOLDING
COMMODORE AND AUXILIARY
WHEEL CHAIR.



* Stainless steel springs hold standard bed pan snugly under seat. * Safety lock on front wheels makes it stationary. * Light weight (only 12 lbs.) * Folds completely for carrying or storage. * Requires little space. * Is stout and sturdy. * Beautifully finished in a s-y-to-keep-clean "Alumilite," the preferred hospital finish. * Will not chip, peel or crack. * Rubber-tired, double race ballbearing wheels, four inches in diameter, make it highly maneuverable. * Passes easily through doorways. * Constructed of heavy gauge durable aluminum. * Guaranteed and economically priced.

Please Write for
Literature.

Will Mark
MFG. CO.

P. O. BOX 4098-1
VALLEY VILLAGE
NORTH HOLLYWOOD, CALIFORNIA

Authoritative
determination of

hospital worth

Marshall and Stevens Hospital
Property Record Appraisal

- * Determines actual value for full insurance coverage
- * Controls equipment and departments through complete property accounting records
- * Substantiates non-profit tax status
- * Provides higher hospitalization insurance payment base



Our specialized hospital appraisal system is fully explained by inquiry to: Marshall and Stevens, 610 South Broadway, 315-G, Los Angeles 14, Calif.

MARSHALL and STEVENS

Chicago • Cincinnati • Dallas • Denver
Detroit • Houston • Los Angeles
Minneapolis • New York • Philadelphia
Phoenix • Richmond • San Francisco
St. Louis • Vancouver • Honolulu, T.H.

completely new idea for

OPERATING ROOM SAFETY



DAVOL'S EXCLUSIVE CONDUCTIVE RUBBER SAFETY SNAP-ON HEELS*

- Equip all personnel easily, efficiently, economically.
 - Easy to assemble. Easy to snap on.
- Special conductive innersole fits comfortably inside shoe.
- Colorfast, will not stain or leave scuff marks.
- Abrasive heel surface offers non-skid feature.
- Available for men's and women's shoes.
4 sizes in each of 3 styles. Moderately priced.

**Patent pending*

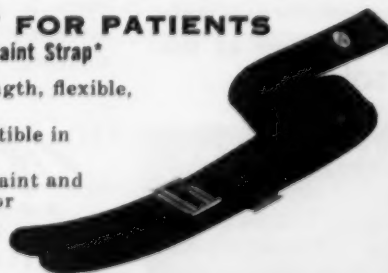
*Available at your
hospital supply dealer.*



RUBBER COMPANY
PROVIDENCE 2, R. I.

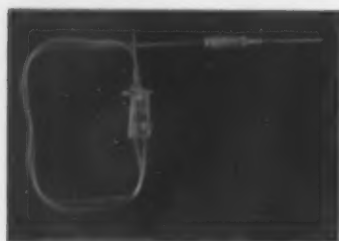
EXTRA SAFETY FOR PATIENTS Conductive All-Rubber Restraint Strap*

- Greater tensile strength, flexible, easy to clean.
- Practically indestructible in normal use.
- Serves for both restraint and discharge pathway for electrostatic charges.
67" long, 2 3/4" wide.



WHAT'S NEW

Disposable Set for Blood Collection



A new disposable donor set for vacuum bottle collection of blood is avail-

able in the HemoTrol. The Sterilon Rolla-Valve Flow Regulator gives a precise and instantaneous control of blood flow rate between donor and bottle, reducing hemolysis and vein collapse. The Rolla-Valve is located in the grip of the bottle puncture needle and adjusts with a simple thumb movement to change flow to accommodate the variations in the suction in the vacuum bottle. The valve can be shut off completely without special clamps.

The HemoTrol has a handy grip and guard on the anti-coring bottle puncture needle permitting easy one-hand punc-

ture of the bottle stopper. A grooved I.V. needle grip facilitates venipuncture and removal. A notch in the I.V. needle grip indicates the location of the needle bevel after venipuncture is made. HemoTrol sets are made of clear styrene. They are shipped assembled ready for use, each set certified sterile, pyrogen-free and non-toxic. **Sterilon Corporation, 500 Northland Ave., Buffalo 11, N.Y.**

For more details circle #22 on mailing card

*An entirely new concept
in hospital deodorizing*

ELIMINATE ODORS

*by FIXATION!**

EDISON

Hospital Type

Deodorant

Odorless in use!

Safe! Non-toxic

Non-allergic Non-staining

Non-flammable

Economical!

EDISON DEODORANT

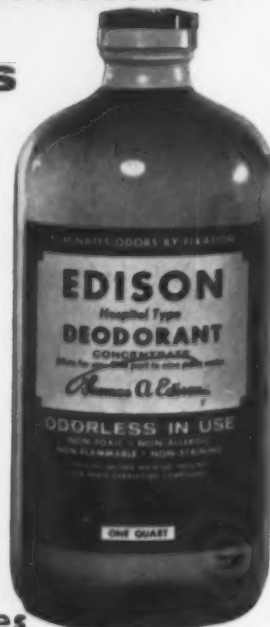
is supplied in a concentrate to be diluted 1 part to 9 parts of water for use. For average hospital needs **it costs only 7½¢ per pint of the USE-SOLUTION!**

DEODORIZES
Rooms, toilets, rugs and furniture — can be used in scrub water for floors and woodwork. Effective for MILDEW.

***Eliminates
ODORS by FIXATION!**

EDISON DEODORANT does not mask odors with perfumes, or paralyze olfactory nerves. It removes odors by absorption and/or chemical reaction. The base substance is a high molecular, long chain quaternary ammonium compound. It has antiseptic, germicidal and bacteriostatic potencies.

Thomas A Edison
INCORPORATED
MEDICAL GAS DIVISION
STUYVESANT FALLS, NEW YORK
N. Y. CITY • WEST ORANGE, N. J. • W. GRAFTON, MASS.



Improved Patient Helper Has Locklever Clamps

DePuy Locklever Clamps assure rigid and secure clamping of the new Improved Patient Helper, No. 670 recently



introduced. The goose-neck style patient helper can be quickly attached to practically any style hospital bed by one nurse. The rubber padded clamps attach to head or foot portion of the bed without the need for attaching to the corner posts. The goose-neck fits down into a larger diameter supporting tube for maximum strength. All tubing is nickel-plated, electric welded steel.

The trapeze portion of the Improved Patient Helper swings free so that the patient can use it as an aid in getting in and out of bed. It is also helpful in bedpan use and in getting from the bed to a wheel chair. **DePuy Mfg. Co., Inc., Warsaw, Ind.**

For more details circle #23 on mailing card

Electric-Powered Collators in Improved Design

Thomas Collators, designed to assemble duplicated sheets into sets, are now available in a new line of electric-powered machines. They consist of eight, ten and sixteen sheet floor models and twenty and thirty-two sheet tandem models. Highlights of the new machines include foot button for smooth feeding; Speed Load Control for fast, easy loading; redesigned bin assembly for increased paper capacity per bin; Rotating Feed-Fingers for more positive operation, and the attractive new housing design. **Thomas Collators Inc., 50 Church St., New York 7.**

For more details circle #24 on mailing card
(Continued on page 256)



Here's the Soap that's
TAILOR-MADE FOR HOSPITAL USE!

We asked hospitals—just like yours—what features you would suggest for the perfect toilet soap. You said you wanted specially sized cakes . . . a special fragrance . . . a hard-milled *economical* soap. And here it is—Colgate's BEAUTY WHITE! The soap you asked for—and helped us create. Make your next order BEAUTY WHITE. Your patients will appreciate it. You'll *save money!*

Packed unwrapped for your convenience. 1½ oz.—300 in case, 3 oz.—144 in case.
 Also available wrapped in ½-oz. size only—1,000 in case.

★ FINEST QUALITY SOAP ★ GIVES ABUNDANT LATHER IN ALL TYPES OF WATER ★ UTMOST IN ECONOMY
 ★ SAME BASE—SAME PLEASING FRAGRANCE—AS COLGATE'S FLOATING SOAP



And For Your Private Pavilion—Mild and Gentle Palmolive Soap in its famous green wrapper. Quick lathering, meets highest hospital standards for purity, mild and easy on the skin. Write for sizes and prices.


FREE! New 1956 Handy Soap and Synthetic Detergent Buying Guide. Tells you the right product for every purpose. Ask your C.P. representative for a copy, or write to our Industrial Department.



Colgate-Palmolive Company

300 Park Ave., New York 22, N. Y. • Atlanta 5, Ga. • Chicago 11, Ill.
 Kansas City 5, Kans. • Berkeley 10, Calif.





You're invited
to visit the new
COLISEUM

Plan now to visit the largest, finest National Hotel Exposition ever staged. See 650 exhibits covering the entire first three floors of the new Coliseum — over 250,000 square feet of fascinating displays of the latest equipment, service and supplies available to the housing and feeding industry. Don't miss this vital chance to keep abreast of the progress in your industry.

41st NATIONAL HOTEL EXPOSITION
ANNUAL
November 12-16, 1956
NEW YORK COLISEUM
59th Street and Broadway at Columbus Circle

For free admission badges (to the trade only) contact: W. K. Seeley, Gen. Mgr. National Hotel Exposition, 141 West 51st St., New York 19, N. Y. Circle 7-0800.

THE GREATEST MASS HOUSING AND FEEDING SHOW IN THE WORLD

**FULFILLING THE STRICTEST DEMANDS
...FOR OVER A CENTURY!**



The kitchen and cafeteria equipment of the recently erected Abraham Jacobi Hospital* was completely fabricated and installed by Straus-Duparquet.

Designed to conform with the standards of the National Sanitation Foundation, this all stainless steel equipment functions with the efficiency and economy afforded only by the most modern techniques of our day.

Another example of the unique facilities offered by the "complete service" of the world's largest suppliers of institutional and restaurant equipment and furnishings.

Our vast experience and facilities permit us to meet your most exacting standards. Contact our firm nearest you for further information.

**SEE OUR DISPLAY—NATIONAL HOTEL SHOW
Booth 2208-2209 at the New York Coliseum**

*Abraham Jacobi Hospital, Bronx, N.Y., erected by the New York City Dept. of Public Works, Frederick H. Zuerhulen, P.E., R.A., Commissioner, Pomeroy & Heston, Architects.

STRAUS-DUPARQUET inc.
EQUIPMENT DIVISION
ALBERT PICK CO., INC. ME

WHAT'S NEW

Piped Oxygen Is Automatic With Autoflow Control Unit

Oxygen and nitrous oxide gas distribution in hospitals with piped systems is entirely automatic with the new Autoflow Control unit. It is only necessary to replace cylinders when empty. The Auto-



flow Control unit automatically switches to the reserve bank when one bank runs empty. Gas service is therefore continuous, eliminating possibility of interruptions that might prove dangerous to patients. No resetting is required with the new system.

Three signal lights and three pressure gauges show the exact status of the oxygen supply. The center signal light indicates that the electrical power supply is working. When a bank of cylinders runs empty, a signal light glows red to indicate that the bank needs replacement. An automatic change-over valve does the actual switching from one bank to the other. The Autoflow Control unit is completely self-contained. It is listed under the Re-examination Service of Underwriters Laboratories and conforms to NFPA standards, according to the manufacturer. National Cylinder Gas Co., 840 N. Michigan Ave., Chicago 11.

For more details circle #25 on mailing card

Magnefile Business Machine Functions Electronically

A new business machine which performs accounting functions electronically is offered in the new Magnefile, Series F. The completely integrated machine permits direct posting from accounting department forms onto a simplified keyboard and requires no special forms, cards, sorting or coding. Information from these entry transactions is automatically computed and stored internally.

Operations may be selected at the keyboard. The Magnefile magnetic drum stores records on thousands of items and additional drums can be added if required. The machine is simple to use and easily learned. It requires the approximate space of an office desk and operates without special wiring. Business Machines Division, Electronic Corporation of America, 30 Rockefeller Plaza, New York 20.

For more details circle #26 on mailing card

(Continued on page 258)

THE HINSDALE SANITARIUM AND HOSPITAL FINDS MEALPACK FOOD SERVICE ELIMINATES FOOD TEMPERATURE PROBLEMS



Student Nurse Ira Hansen serves a Mealpack Meal to patient at Hinsdale Sanitarium and Hospital, Hinsdale, Ill.

"MEALPACK has completely eliminated patients' food complaints..."

Hospitals equipped with the Mealpack Food Service System agree with this statement. SO... GO MODERN, GET MEALPACK! Join the hundreds of coast-to-coast hospitals enjoying the advantages and savings of Mealpack's unique vacuum-seal! Here are examples of the many who have installed or contracted for Mealpack Systems during recent months:

NEW HOSPITALS	No. PT's SERVED BY MEALPACK
Alliquippa Hospital, Alliquippa, Pa.	100
Battle Creek Osteopathic Hospital, Mich.	52
Citizen's Memorial Hospital, Victoria, Texas	65
Eugene DuPont Memorial Convalescent Hospital, Wilmington, Del.	120
Fort Worth Osteopathic Hospital, Texas	75
Graffiot Community Hospital, Alma, Mich.	86
Hamilton Memorial Hospital, Dalton, Ga.	76
Holy Cross Hospital, Fort Lauderdale, Fla.	136
Home for Aged Lutherans, Wauwatosa, Wis.	75
Johnson County Hospital, Franklin, Ind.	125
Medical Center, Washington, D. C.	200
Milwaukee County General Hospital, Wis.	150
Piedmont Hospital, Atlanta, Ga.	240
Saint Jude's Hospital, Fullerton, Calif.	90
E. G. Williams Hospital, Richmond, Va.	430
Wyoming Valley Hospital, Wilkes-Barre, Pa.	100
CONVERSIONS	
Altoona Hospital, Altoona, Pa.	82
Atlantic City Hospital, N. J.	125
Ball Memorial Hospital, Muncie, Ind.	360
Barksdale Air Force Base, La.	116
Burlington Hospital, Burlington, Ia.	150

CONVERSIONS (cont'd)

Connecticut State Hospital, Russell Hall, Middletown, Conn.	105
Cooper Hospital, Camden, N. J.	423
Essex County Sanatorium, Verona, N. J.	100
Gordon Crowell Memorial Hospital, Lincolnton, N. C.	150
Hillcrest Medical Center, Tulsa, Okla.	456
Jane Lamb Memorial Hospital, Clinton, Ia.	100
Kennestone Hospital, Marietta, Ga.	150
Lutheran Hospital, Fort Wayne, Ind.	256
Maxwell Air Force Base, Montgomery, Ala.	250
Memorial Hospital for McHenry County, Woodstock, Ill.	70
Methodist Hospital of Brooklyn, N. Y.	375
Nassau Hospital, Alameda, N. Y.	326
National Naval Medical Center, Bethesda, Md.	48
Norton Memorial Infirmary, Louisville, Ky.	280
Orange Memorial Hospital, Orlando, Fla.	375
Orlando Air Force Base, Fla.	70
Osteopathic Hospital of Kansas City, Mo.	100
Show Air Force Base, S. C.	50
Springfield City Hospital, Ohio	150
Suburban Hospital, Bethesda, Md.	75
Swedish Hospital, Seattle, Wash.	384
University of Alberta, Edmonton, Canada	538

WRITE for the Mealpack story and a list of installations near you. We are ready to show you how a Mealpack installation in Your hospital can earn \$150-per-bed-per-year benefits—or more!

These 4 basic units make-up each Mealpack system



MEALPACK CONTAINER



MEALPACK MULTI-DUTY
TRAY SETTING TABLE



MEALPACK INFRA-RED
DISH HEATER



MEALPACK TRAYCART

MEALPACK CORPORATION • EVANSTON, ILL.

hot foods hot **mealpack** cold foods cold

WHAT'S NEW

Slide File Box For Bookcase Storage



Kodaslide 400 Filebox for 2 by 2 slide mounts is styled like a book for convenient bookcase storage. The new box contains 16 plastic slide boxes for filing of slides by groups or subjects and the individual boxes tilt back in stepped position for easy removal.

The file box is made of durable plastic with leather grain finish on back and front. It holds 400 cardboard or 176 glass slides. The boxes can also be used as slide receivers. Eastman Kodak Co., Rochester 4, N.Y.

For more details circle #27 on mailing card

Automatic Laundry Machine Handles Forty Pounds

Forty pounds of dry weight laundry can be washed, extracted and damp dried for ironing in the new completely automatic Triomat laundry machine.

The self-contained, automatically electrically controlled unit is designed for use where minimum attention is an asset. When the full cycle includes complete drying, the machine will process 25 pounds of dry weight laundry.

A large sized gas burner ensures rapid drying of the clothes. No attention by the operator is required from the time the work is placed in the machine until it is removed, completely dry and ready for use. The Triomat is 75 inches high, 45 inches wide and 36 inches deep. Both tub and cylinder are of stainless steel.



Duplex Corporation, 1355 Market St., San Francisco 3, Calif.

For more details circle #28 on mailing card

Push-Button Operation for Lightproof Window Shade

The new Dark-O-Matic Lightproof Window Shade is operated automatically by a push-button. Designed for use in dark rooms, radiographic and fluoroscopic rooms, operating and conference rooms, visual education rooms, cystoscopic rooms and other areas requiring darkening, the motorized shade is low in cost. The operating unit will operate any lightproof shade up to eight feet in width or 56 square feet in area. It is also adaptable for motorizing draperies or curtains.

Two models of the Dark-O-Matic are available. Model One, for use at single openings only, is controlled by a lever action pull switch with three positions. It is suitable for permanent installation in new construction, or can be plugged into the nearest receptacle in existing buildings. Model Two is furnished with a remote control switch for use at single and for series hook-ups. Ray Proof Corp., 513 W. 54th St., New York 19.

For more details circle #29 on mailing card

Eight Improved Models in American Vacuums

The full line of wet-dry vacuum cleaners manufactured by American Floor



Surfacing Machine Company has been re-designed for complete versatility. All eight models, ranging in size from three to 55 gallon capacities, are designed to perform every cleaning function for daily maintenance needs. Each model can be used for wet or dry pick-up in large or small areas, for floors, rugs and off-floor jobs.

The vacuums can be used to remove dust and dirt from blinds, draperies, radiators, pipes, walls and ceilings and even from furnaces. They can be used for quick clean-up in special cleaning problems. The new models are offered in a variety of sizes, motors and finishes, and with free-wheeling four-caster base plate, push or pull type dollies with tool baskets. The American Floor Surfacing Machine Co., 518 S. St. Clair St., Toledo 3, Ohio.

For more details circle #30 on mailing card
(Continued on page 260)

New Toledo hospital selects **TURN-TOWLS**

NEW hospital, new facilities . . . and the best in sanitary, economical towel services, *Mosinee Turn-Towels and dispensers.*

The combination of 100 percent softwood fibre Mosinee Turn-Towels and controlled type Mosinee dispenser is providing staff members, patients and the public with the finest paper toweling available at a low cost of service.

Write for name of nearest distributor



Photo courtesy of Crane Co.

This is an actual photograph taken in one of the washrooms of the new 201-bed St. Charles hospital in Toledo, Ohio.

NOW! The *Luxury Look* in Heavy-Duty Flooring!



EXCLUSIVELY IN GOLD SEAL NAIRON CUSTOM "VENETIAN"... A MARBLE DESIGN IN THE LUXURIOUS ITALIAN MANNER

NEW Gold Seal NAIRON* CUSTOM

This magnificent new $\frac{1}{8}$ " plastic floor tile offers true beauty and elegance of design and color—yet is unsurpassed in ruggedness. It will compliment the finest interior . . . give amazing service in the busiest kitchen or corridor!

Of premium quality, Gold Seal Nairon Custom is super-resistant to abrasion, chemicals, grease, oils and solvents. Maintenance is the easiest ever! The non-porous satin-smooth surface wipes clean and sparkling with a damp mop. To speed cleaning of stubborn grime, strong detergents and soaps can be used without fear of damage. Highly flexible—Nairon Custom resists inden-

tation better than other resilient flooring. In addition, Congoleum-Nairn research "know-how" has built exceptional dimensional stability into this product. For more information, write to Customer Service Department, Congoleum-Nairn Inc., Kearny, N. J.

SPECIFICATIONS: Install over on-grade concrete, suspended wood or suspended concrete.

"Venetian"—5 colors— $\frac{1}{8}$ "

"Sequin"—19 colors— $\frac{1}{8}$ " and .080"

"Marble"—7 colors— $\frac{1}{8}$ " and .080"

All $\frac{1}{8}$ " tile available in 9" x 9", 12" x 12" and 18" x 18". The .080" tile offered in 9" x 9" only.

FOR HOME OR BUSINESS:



INLAID BY THE YARD—Linoleum • Nairon® Standard • Nairontop®
RESILIENT TILES—Rubber • Cork • Nairon Custom • Nairon Standard
Vinylbest • Linoleum • Ranchtile® Linoleum • Asphalt
PRINTED FLOOR AND WALL COVERINGS—
Congoleum® and Congowall®
RUGS AND BROADLOOM—LoomWeave®

©1956 CONGOLEUM-NAIRN INC., KEARNY, N. J.

*Trademark



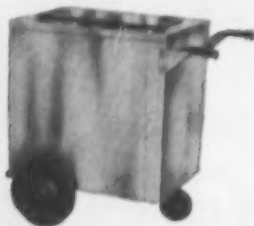
FOR THE LOOK THAT'S YEARS AHEAD

Gold Seal®
FLOORS AND WALLS

WHAT'S NEW

Mobile Ice Cart Has Semi Pneumatic Tires

The problem of keeping tires inflated is eliminated in the improved Model XV



Gennett Mobile Ice Cart. The 12 by 2 inch semi-pneumatic tires present no inflation problem and make the cart easy to push. The cart holds 150 pounds of cubed, flaked or cracked ice and is insulated to keep melting at a minimum. Even when full the cart rolls easily and the rubber bumpers prevent damage to doors and walls.

Stainless steel inside and out, the new cart combines attractive appearance with strength and easy cleaning. It has an overall size of 37 by 30 inches, 40½ inches high with the cabinet 30 by 21 inches in size. The compact storage area and easy maneuverability permit use of non-professional help in supplying efficient ice service. Gennett and Sons, Inc., 1 Main St., Richmond, Ind.

For more details circle #31 on mailing card

Tested Cleaner for Conductive Floors

From extensive laboratory and field testing has come Hillyard Conductive Floor Cleaner for simple and effective care of conductive floors. The cleaner was formulated from requirements specified in NFRA code number 56. Floors can be cleaned easily without destroying their conductivity as the cleaner leaves no harmful film which may retard or destroy the conductivity. Hillyard Chemical Co., 402 N. 3rd St., St. Joseph 1, Mo.

For more details circle #32 on mailing card

Coin Counter Has Increased Speed

Counting speed for the Klopp Coin Counter has been increased 23 per cent due to design changes. The Klopp Model-DE now delivers 45 coins per



Pudding and Pie Fillings in Institutional Packs

Three new pudding and pie fillings are now available for institutional use. Specifically developed for use in feeding large groups, the new fillings are offered in chocolate, vanilla and butterscotch flavors. The special Universal formula results in maximum yield per ounce of pudding powder with lower cost per service to the institution. Institutional packs include 18 ounce packs and three pound 12 ounce key opening cans of Universal Vanilla and Butterscotch and 21 ounce packs and four pound, six ounce key opening cans of Chocolate. Universal Foods Corporation, 3005 W. Carroll Ave., Chicago 12.

For more details circle #33 on mailing card

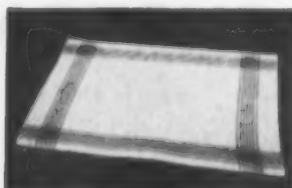
second or 2700 per minute with fully accurate count, according to the manufacturer. This time and effort saver for cafeterias, lunchrooms and other areas where charges are made is many times faster in operation than hand counting and assures accuracy while relieving personnel for other duties. The machine can also deliver coins at high speed into wrappers. Klopp Engineering, Inc., 35551 Schoolcraft Rd., Livonia, Mich.

For more details circle #34 on mailing card

(Continued on page 262)



Tray Covers



CLOTH—These snowy white cotton tray covers with colorful green, blue or gold striped borders brighten up the sick room at mealtime! Sturdily woven, long wearing. Especially designed for use with standard 15" x 20" hospital tray. Length, 22"; width, 16".



PAPER—Saves laundering! These attractive, embossed, linen-like paper tray covers will add a distinctive touch to your food service, while cutting laundry costs. Clean, sanitary—save tray wear and protect against spills.

These tray covers are just two of 50,000 items of equipment, furnishings and supplies sold by DON to aid labor and improve your service. On all . . . Satisfaction is Guaranteed. Write Dept. 14 or ask for a DON salesman to call.

EDWARD DON & COMPANY
GENERAL HEADQUARTERS—2201 S. LaSalle St.—Chicago 16, Ill.
Branches in MIAMI • MINNEAPOLIS ST. PAUL • PHILADELPHIA CAMDEN

34

MISS MONROE

56

CITY HOSPITAL

97

DR. J. REYNOLDS

CASH'S WOVEN NAMES

prevent loss or mixups of linens, uniforms and other personal belongings. Your name actually woven into fine white cambric ribbon. Easily attached—sew on or use CASH'S NO-SO boilproof CEMENT.

6 Doz. \$2.75, 12 Doz. \$3.75, 24 Doz. \$5.75. At notion counters everywhere. Write for samples.



WOVEN NAMES
South Norwalk 12, Connecticut

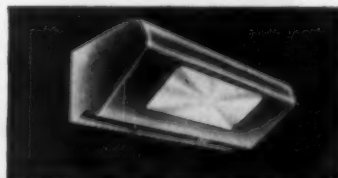
Lighting by **DAY-BRITE** makes the big difference...

Cheerful lighting in modern hospitals



Day-Brite Troffers in corridors and nurses' stations.

Day-Brite Bed Lamps provide comfort and convenience for patients—direct light for reading; indirect light for general use.



Day-Brite Exit Signs mark exits, direct corridor traffic. Two sockets assure continuous operation if one lamp fails.



Day-Brite Duo-Frame Ceiling Unit and Nite Light.

Hospital administrators are more and more taking advantage of the cheerful effects of comfort lighting by Day-Brite. It benefits both patients and personnel.

Also, they are impressed by the economy of Day-Brite lighting. It can be counted on for 20 years and more of lighting service in reception halls, waiting rooms, bed-

rooms, corridors, nurses' stations, administrative offices.

When you specify lighting, insist on Day-Brite—be certain of lifetime service, low-cost maintenance and cheerful comfort... Call your Day-Brite representative—you'll find him in your classified phone directory. Or, send for hospital-lighting literature.

Day-Brite Lighting, Inc.

5455 Bulwer Ave.
St. Louis 7, Missouri



61109

Nation's largest manufacturer of commercial and industrial lighting equipment

WHAT'S NEW

Modern Design in Skyline Institutional Silver

An attractive new modern pattern is offered in Oneida institutional table flat-



ware. The distinctive new pattern is available in all basic pieces including teaspoon, fork, hollow handle knife, dessert spoon, tablespoon, iced tea spoon, bouil-

lon spoon, butter spreader, salad fork and solid handle knife. A new item in the line is the bread and butter knife with round end and straight blade.

The new silver is manufactured to rigid standards with a heavy gauge base metal with overall Balanced Plating and scientific reinforcements of a second extra plate of pure silver on points of greatest wear in spoons and forks. The knife blade has a serrated cutting edge which stays sharp, and smooth-flowing lines for easier cleaning. **Hotel and Restaurant Div., Oneida Ltd., Oneida, N.Y.**

For more details circle #35 on mailing card

LOOMED BY *Dundee*



TO MEET THE MOST EXACTING REQUIREMENTS

your
nearest
linen source
can
supply
you

HUCK AND TURKISH TOWELS; BATH MATS (both plain and name woven) • CABINET TOWELING • FLANNELETTES
DIAPERS • DAMASK TABLE TOPS AND NAPKINS
CORDED NAPKINS • DUNFAST ALL-PURPOSE FABRICS

DUNDEE MILLS, INC., GRIFFIN, GA.

Showrooms: 40 Worth Street, New York, N. Y.

Dundee THE NAME TO REMEMBER WHEN BUYING TOWELS

Institutional Electric Range in Low-Cost Unit

The Economizer II is a new low-cost electric range designed for institutional



use. It has two full sized, heavily insulated ovens, each having automatic heat controls which allow preheating to 400 degrees F. in nine minutes. Four six inch and four eight inch high speed heating units are staggered on the one-piece stainless steel top. The stove is of heavy duty construction with hammer-tone finish and operates economically. **Griswold Mfg. Co., Erie, Pa.**

For more details circle #36 on mailing card

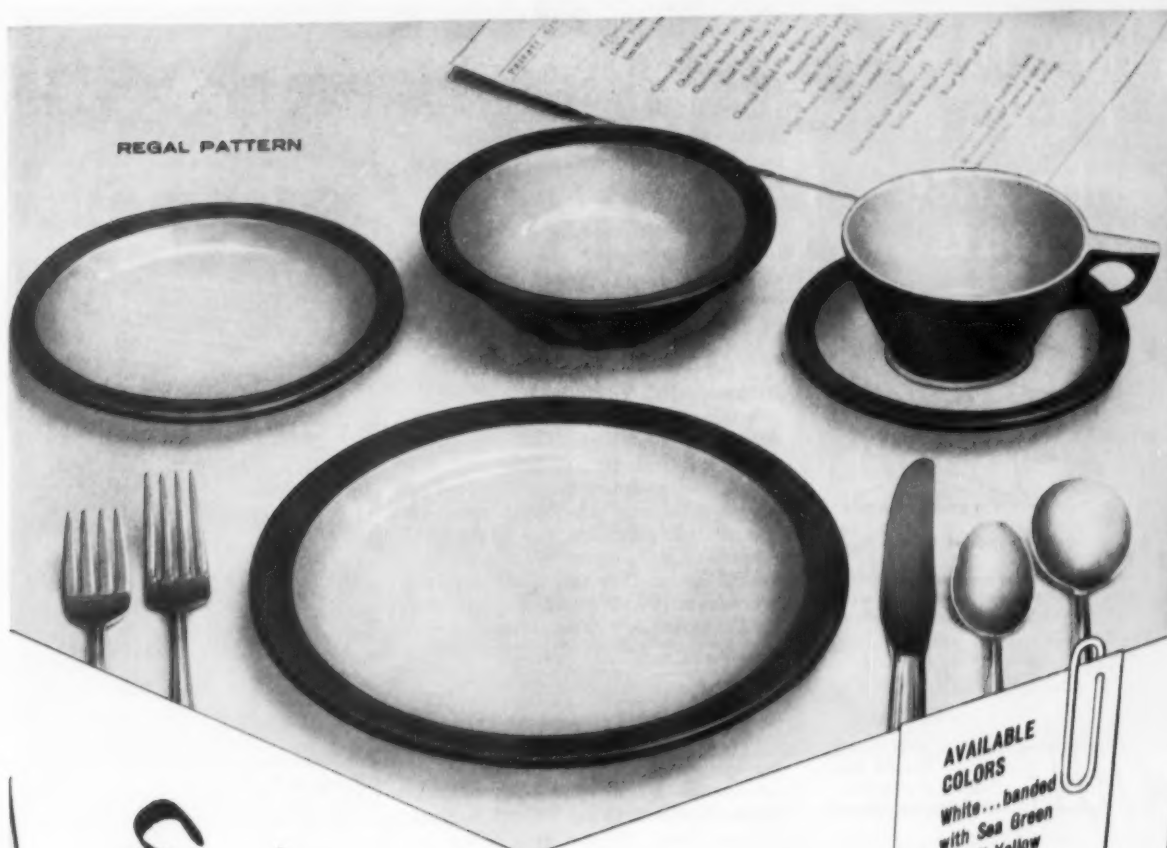
Fruit Juicer Has Simplified Operation

Simplified operation, cleaning and service have been built into the new



Sweden Speed Juicer. Juicer cover and automatic feed are combined in a one-piece molded unit. Pulp is distributed evenly in the extractor to obtain the highest juice extraction. Pressure of the fruit or vegetable against the stainless steel cutter is controlled for minimum bruising, thus retarding fermentation and retaining maximum minerals and vitamins with natural flavor. Feeding is automatic and an improved safety switch control is incorporated into the machine. Easy accessibility to the motor and switch mechanisms when needed is provided by the new motor suspension system. The new juicer is finished in black and white. **Sweden Speed Juicer Corp., 3401 17th Ave W., Seattle 99, Wash.**

For more details circle #37 on mailing card
(Continued on page 264)



Exclusive

Now, for the first time
Economy Dinnerware with
the Luxury Look

**"BANDED
*COLOR-ON-COLOR"**
Molded Melamine Dinnerware

by
TEXAS-WARE

For full-color illustrations
and price information, write to
PLASTICS MANUFACTURING COMPANY
825 TRUNK AVENUE DALLAS, TEXAS

The newest
is always from
TEXAS WARE!

**AVAILABLE
COLORS**

White...banded
with Sea Green
Jonquil Yellow
Dresden Blue
Stone Grey
Burgundy
Sage Green
Bermuda Coral
Tan...banded
with Sapla

"Banded Color-on-Color" combines the
economy of break-resistant Texas Ware with
appealing colors that make meals more
pleasing to your guests. For the first time...
colors are bonded together inseparably.
Interiors in tan or white...solid colors on
rims and other surfaces



"Regal Pattern" has
the most sanitary
base available...the
new Vented Contour
Base that assures
easier washing, better
drainage and faster
air drying.

WHAT'S NEW

Pharmaceuticals

Otamydon With Hydrocortisone

Otamydon with Hydrocortisone is a new ear drop for otitis externa and other affections of the ear canal and middle ear. It is administered topically in acute and chronic conditions and following mastoidectomy and fenestration operations. The new ear drop is bactericidal, fungicidal, analgesic, anti-allergic and anti-inflammatory. Winthrop Laboratories, 1450 Broadway, New York 18.

For more details circle #38 on mailing card

Artamide-HC Tablets

Artamide-HC tablets are indicated in the treatment of acute rheumatic fever, rheumatoid arthritis and gouty arthritis when these conditions do not respond to salicylates alone. The preparation is sodium and potassium free making it acceptable for patients with restricted sodium intake. The tablets are supplied in bottles of 100. Wampole Laboratories, 440 Fairmount Ave., Philadelphia 23, Pa.

For more details circle #39 on mailing card

Vermol

Vermol is a non-laxative stool softening wetting agent for relief of temporary constipation in adults and children. Each capsule contains 60 mg Diocetyl Sodium Sulfosuccinate. Vermol is supplied in bottles of 30 and 100 tablets. The E. L. Patch Co., Stoneham 80, Mass.

For more details circle #40 on mailing card

Histonex

Histonex capsules provide a sustained release, antiallergenic agent with predictable therapeutic effect in the treatment of hay fever and other allergic manifestations. It is supplied in two strengths, Histonex 50, dark green and white capsule, providing continuous anti-allergic action for adults with a single capsule q 12 h, and Histonex 25, light green and white capsule, providing the same relief for children. R. J. Strassenburgh Co., 195 Exchange St., Rochester 4, N.Y.

For more details circle #41 on mailing card

Panafil Ointment

Panafil Ointment is a new topical enzyme preparation for the management of bed sores. The dual action simultaneously cleans out resistant lesions and fosters the natural healing process. The ointment contains papain, an effective debriding agent; urea for dissolving protein and contributing to antisepsis, and water-soluble chlorophyll derivatives which encourage early formation of healthy granulations and reduce wound odors. Rystan Co., Mt. Vernon, N.Y.

For more details circle #42 on mailing card

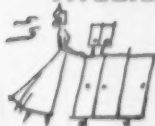
How to win friends and influence patients...



- Good Food Service is good public relations.
- Your hospital is judged by the food you serve.
- Labor saving pays for Meals-on-Wheels. Can you afford your present food service? Meals-on-Wheels pays for itself.

For latest literature write to

Meals-on-Wheels SYSTEM



Dept. H, 5001 E. 59th
Kansas City 30, Mo.
See us at booth 412
Amer. Dietetic Assn. Convention



avoid
transmitting
infectious
diseases

REDI-LANCE
Dependable • Economical
Ready to Use • Disposable

Specify REDI-LANCE
the sterile blood lancet. Your dealer stocks it!
CLAY-ADAMS, INC.
NEW YORK 16, NEW YORK



OVER 6,000 HOSPITALS



BUY

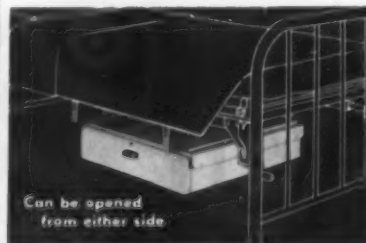
From Our Monthly Price Bulletin

We operate our own cotton mills, spinning and weaving sheets specially designed for hospital use.

If you are not on our mailing list please write
KANSAS CITY WHITE GOODS MFG. CO.
1819 Baltimore Ave., Kansas City 8, Mo.

NOW! INDIVIDUAL STORAGE FOR WARD USE WITH STOR-DROR

Convert idle under-bed space... adjustable to all standard beds, including variable height beds.



Can be opened from either side

IDEAL FOR:

- Saving nurses' steps
- Storing extra blankets, clothing, personal effects
- T. B. and Isolation Wards
- Storing therapeutic equipment

WRITE TODAY FOR ILLUSTRATED FOLDER AND PRICE INFORMATION.

CINCINNATI METALCRAFTS, INC.

5059 Brotherton Road, Cincinnati 9, Ohio

*select
the right
protection for
your hospital...*

Only EDWARDS makes every Fire Alarm System*

**...and designs and manufactures every major component!*

Only Edwards designs and manufactures fire warning systems that cover every hospital requirement, whatever the size, design, or use! Because Edwards makes every type of fire alarm, your Edwards Technical Specialist or contractor can always recommend one that's exactly right for your particular requirements.

Over 80 years of experience in designing and manufacturing signaling systems assure economical installation and absolute dependability in every Edwards system, whether city-connected, manual or automatic,

presignal and coded. Complete technical service is available.

For modernization or expansion, it pays to be sure with an Edwards Fire Alarm System. There's an Edwards system to meet your requirements as well as your local and state codes. Underwriters' listed where applicable. For complete information on any application, ask your electrical contractor or write Dept. MH-10, Edwards Company, Inc., Norwalk, Connecticut. (In Canada, Edwards of Canada, Ltd., Owen Sound, Ontario.)

TYPE PSSA—*Ideal system for hospital use. Pre-signaling feature sounds a coded signal at certain stations only ... authorized personnel must initiate general alarm. Prevents needless evacuation, protects against disturbing patients unnecessarily.*

TYPE SSA — *For larger non-patient buildings. Coded signal tells where alarm was sounded, locating the fire while it gives the evacuation signal. Fully-supervised system sounds a special trouble bell if there is any failure in the system.*

TYPE SSAMR—*For smaller buildings: sounds a distinctive alarm signal which does not indicate location of fire, for small buildings where automatic location is unnecessary. Full supervision with trouble bell assures constant protection.*

TYPE CCVA — *for smaller residential buildings and nursing homes. Simplest supervised system sounds an evacuation alarm without indicating location. Closed circuit, full supervision for instant warning if system becomes inoperative due to open circuits, grounds or other defects.*

TYPE SSAM — *City-Connected system sounds a coded signal within the building and also at the municipal fire headquarters, entirely automatically.*

TYPE AMVAD—*Completely automatic system combined with manual alarm stations, gives 24-hour protection. Ideal for nursing homes, and residential buildings. Operates despite power failures. Sounds evacuation signal, indicates location of fire at a central station, may be used to signal municipal fire headquarters automatically. Fully supervised for complete safety.*

EDWARDS

Specialists in Signaling Since 1872

DESIGN • DEVELOPMENT • MANUFACTURE

WHAT'S NEW

Literature and Services

The complete story of the **Meals-On-Wheels System** for hospital food service is given in an illustrated six-page brochure available from Meals-On-Wheels-Crimasco Inc., 5001 E. 59th St., Kansas City 30, Mo. Described in the brochure are the new self-contained refrigeration and built-in beverage service features available on a choice of several models. Features of the various models, specifications and steps in eliminating mealtime peaks are fully covered.

For more details circle #43 on mailing card

• An informative booklet on **Ilford Salt Intensifying Screens for Medical Radiography** is available from Ilford Limited, 37 W. 65th St., New York 23. Subjects discussed include The Function of Intensifying Screens, Types of Ilford Salt Intensifying Screens, Technical Information and Directions for Mounting and for washing Intensifying Screens and for Loading and Unloading a Cassette.

For more details circle #44 on mailing card

• **Dunham Baseboard Heating** is discussed in a new 16-page, two-color **Bulletin No. 1231**, published by the Dunham-Bush, Inc., 400 W. Madison St., Chicago 6. Photographs, drawings and specifications, as well as procedures for selecting baseboard systems for institutional and other buildings, are included.

For more details circle #45 on mailing card

• Why the **Powermaster Electric Folding Partition** is the key to safe, effortless space division is told in a new folder issued by Equipment Mfg. Co., Inc., 1400 Spruce St., Kansas City 27, Mo. The folder contains construction design advantages, complete specifications and mechanical details for various types of installations.

For more details circle #46 on mailing card

• How the use of **jalousies** improves visual conditions in rooms and offices is discussed in a six-page folder on "**Solar Heat and Light Control**" issued by the Lemlar Mfg. Co., P.O. Box 352, Gardena, Calif. The folder points out that **jalousies** can also reduce solar heat loads so rooms stay cooler.

For more details circle #47 on mailing card

• **Powerlite** acoustical, recessed fluorescent fixtures are described in **Bulletin Y** released by Pittsburgh Reflector Co., 419 Oliver Bldg., Pittsburgh 22, Pa. Installation suggestions are fully illustrated and complete engineering data are included.

For more details circle #48 on mailing card

• A **Meat Buyer's Guide to Perfect Portion Control** has just been released by Pfaltzer Brothers, Inc., Union Stock Yards, Chicago 9. The brochure demonstrates how costs can be cut through portion control.

For more details circle #49 on mailing card

• "**Tomorrow's Food Service Today**" is the title of an attractive four-color booklet designed to aid hospital administrators and their staffs to overcome patient feeding problems. The 24-page book is distributed by the Dixie Cup Co., Easton, Pa., and contains helpful ideas for feeding patients with reduced labor and expense with Dixie Matched Paper Food Service.

For more details circle #50 on mailing card

• "**The Ideal Automatic Operator for Swing-Type Doors . . . for Every Type Building**" is the title of **Form No. ID-156** offered by Dor-O-Matic Division, Republic Industries, Inc., 7350 W. Wilson Ave., Chicago 3. All eight models of the new line of the automatic, concealed noiseless door operator known as the Invisible Dor-Man are described and illustrated in the folder.

For more details circle #51 on mailing card

• Complete information on the specialized engineering services provided to architects and administrators by J. E. Stephens Associates, Inc., 116 Delaware, Detroit 2, Mich., is available in a new 40 page brochure on "**Food Facilities Engineering**."

For more details circle #52 on mailing card

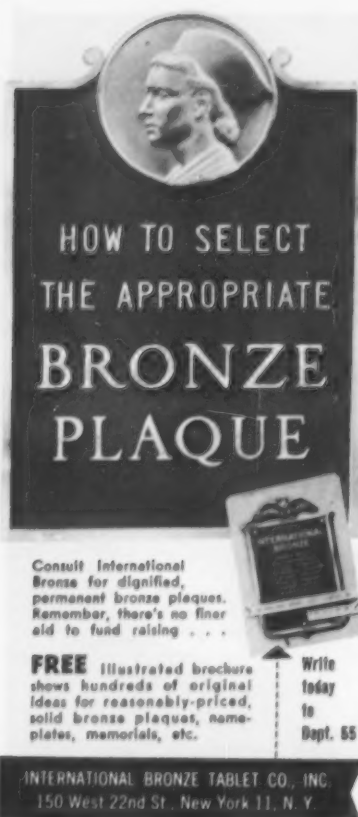
Suppliers' News

American Hospital Supply Corporation, Evanston, Ill., announces the acquisition of all the capital stock of **Dade Reagents, Inc.**, Miami, Fla., active in the research and development of blood typing serums, synthetic laboratory control materials and tubal nutrient solutions, as well as originator of the disposable finger lancet, Hemolet.

Ethicon, Inc., Somerville, N.J., manufacturer of surgical sutures, announces that it will be the exclusive distributor of all medical products manufactured by **Fenwal Laboratories**, Framingham, Mass. The latter firm has been prominent in the development and manufacture of disposable blood transfusion and intravenous fluid administration equipment.

The Upjohn Company, Kalamazoo, Mich., manufacturer of ethical pharmaceutical products, announces the opening of a new branch office and warehouse in **Cincinnati, Ohio**, to serve hospitals, physicians and pharmacists in the five-state area including parts of Ohio, Indiana, Kentucky, Virginia and West Virginia.

Will Ross, Inc., 4285 N. Port Washington Rd., Milwaukee 12, Wis., manufacturer and distributor of hospital supplies and equipment, announces the completion of a new building which doubles facilities of its subsidiary, the **White-Knight Mfg. Co.**, Ozark, Ala., for the manufacturer of hospital garments.



HOW TO SELECT THE APPROPRIATE BRONZE PLAQUE

Consult International Bronze for dignified, permanent bronze plaques. Remember, there's no finer aid to fund raising . . .

FREE Illustrated brochure shows hundreds of original ideas for reasonably-priced, solid bronze plaques, nameplates, memorials, etc.

Write today to Dept. 55

INTERNATIONAL BRONZE TABLET CO., INC.
150 West 22nd St., New York 11, N. Y.

Specially Formulated To Combat Hospital Odors . . .
(severe burns, cancer, gangrene, etc.)

Re-Odit™

ONE BOTTLE controls room odors from four to ten weeks

ONE DROP banishes bedpan odors for 4 or 5 hours after use . . . one drop keeps colostomy patients odor-free for 24 hours.

Write for samples:

CLYSEROL LABORATORIES, INC.
1533 W. Reno, Oklahoma City, Okla.
Makers of CLYSEROL, original low-fluid enema in disposable container.



Fast...efficient...quiet cleaning

Here are the only scrubbing machines and vacuum cleaners specially designed for use in hospitals.

Quiet. The MULTI-CLEAN Hospital Scrubbing Machine and Vacuum Cleaner are both equipped with *super-silent* motors to make them quietest on the market.

You can clean *anytime* with the MULTI-CLEAN Team... even at night... with little chance of waking or disturbing patients. Operation of radio, television, X-ray or other electrical equipment isn't affected, either.

Gleaming white. MULTI-CLEAN Hospital Scrubbing Machines and Vacuum Cleaners are the only ones on the market that are available in gleaming

white and chrome finish to reflect the spotless sanitation and cleanliness of your hospital.

And aside from its quietness and appearance, this efficient MULTI-CLEAN Hospital Cleaning Team allows you to maintain highest standards of floor beauty and sanitation *with far fewer hours of cleaning time.*

Hospital Scrubbing Machine is a big time-saver for polishing, waxing, buffing, steel wooling, as well as scrubbing hospital floors. Workers finish the job in far less time because easy finger-tip controls and the adjustable handle lessen operation fatigue. The white enamel, 3 1/2-gallon solution tank won't spill even when tipped.

Hospital Vacuum Cleaners with either 10 or 16 gallon tanks, have powerful suction which picks up scrub water in a fraction of the time and *far more completely* than is possible with old fashioned hand mop and wringer method.

With Heavy Duty General Electric Motors, stabilized motor brushes, and "magic-eye" electronic shutoff, your MULTI-CLEAN Hospital Vac is built to stay on the job year-after-year without a minute lost for mechanical upkeep!

If your Hospital hasn't yet adopted the famous MULTI-CLEAN METHOD of mechanized floor care, ask your MULTI-CLEAN Distributor for a demonstration and free floor survey... or mail coupon for more information. You'll be under no obligation.



MULTI-CLEAN PRODUCTS, INC., Dept. MH-27-106
2277 Ford Parkway, St. Paul 1, Minn.

Gentlemen—Send me more information on the MULTI-CLEAN METHOD; also: ☐ Hospital Vac; ☐ Scrubbing Machine; ☐ Floor Machine; ☐ Germicidal Floor Cleaners and Waxes.

Name _____ Title _____

Hospital _____

Address _____

City _____ Zone _____ State _____

PRODUCT INFORMATION

Index to "What's New"

Pages 235-266

Key

- 1 Beta-Vac Blood Bottle
Baxter Laboratories, Inc.
- 2 Fenite Window Finishing
Fenestra, Inc.
- 3 Giant Size Underpad
Johnson & Johnson
- 4 Sedpan Washer-Steamer
Whitins Castle Co.
- 5 Enamel Enema Tube
Cutter Laboratories
- 6 Endurance Color Line
U.S. Plywood Corp.
- 7 Electro-Matic Bed
Hurd Mfg. Co.
- 8 Neo-Health Toilet
American Radiator & Standard Sanitary Corp.
- 9 Electric Set
Caterpillar Tractor Co.
- 10 Cordino Bed
Shampaine Co.
- 11 Flex-Seal Speed Cooker
Vicmar Products Co.
- 12 Heart Pacer & Defibrillator
The Biotek Corp.
- 13 Small Size Urinal
The Vollrath Co.
- 14 Nalton Custom Tile
Campoleum-Nalton Inc.
- 15 X-ray Detectable Inset
Ennet & Blank
- 16 Gift & Utility Wagon
Crescent Metal Products, Inc.
- 17 Tensac V Safety Slides
American Hospital Supply Corp.

Key

- 18 Acetone Floor Tile
A. F. Goodrich Co.
- 19 Paging System
Master Video Systems, Inc.
- 20 Frame Position Pad
Orthopedic Frame Co.
- 21 Hospital-Lites
Swissler Co., Inc.
- 22 Disposable Blood Set
Swinton Corp.
- 23 Patient Helper
DePuy Mfg. Co.
- 24 Electric Collators
Thomas Collators Inc.
- 25 Autoflow Control Unit
National Cylinder Gas Co.
- 26 Mayesville, Series F
Electronics Corp. of Amer.
- 27 Kodaslide 400 Filmbox
Eastman Kodak Co.
- 28 Automatic Laundry
Duplex Corp.
- 29 Lightproof Window Shade
Ray Proof Corp.
- 30 Wet-Dry Vacuum
American Floor Sustrating Machine Co.
- 31 Mobile Ice Cart
Gennett & Sons, Inc.
- 32 Conductive Floor Cleaner
Hillyard Chemical Co.
- 33 Padding & Pie Fittings
Universal Foods Corp.
- 34 Cola Counter
Klopp Engineering, Inc.

Key

- 35 Skyline Silver
Canada Ltd.
- 36 Electric Range
Griewold Mfg. Co.
- 37 Speed Juicer
Sweden Speed Juicer Co.
- 38 Otomylon with Hydrocortisone
Winthrop Laboratories
- 39 Artamide-NC Capsules
Henry K. Wampole & Co.
- 40 Vermol
The E. L. Patch Co.
- 41 Histonax
R. J. Braunenberg Co.
- 42 Pancell Ointment
System Co.
- 43 Brochure
Meals-On-Wheels-Crime
- 44 Booklet
Hord Limited
- 45 Bulletin No. 1231
Dunham-Pash, Inc.
- 46 Folder on Partitions
Equipment Mfg. Co., Inc.
- 47 "Solar Control"
Lankar Mfg. Co.
- 48 Bulletin Y
Pittsburgh Refractor Co.
- 49 Meat Buyers Guide
Fincher Bros., Inc.
- 50 "Food Service Today"
Dixie Cup Co.
- 51 Form No. ID-156
Dar-O-Matic Div.
- 52 "Food Facilities Engineering"
J. E. Stephens Associates

Index to Products Advertised

(HPF) after company name indicates that further descriptive data are filed in catalog space in HOSPITAL PURCHASING FILE-33rd Edition

Key

- | | |
|---------------------------------------|--------------------|
| 53 Astell and Jones (HPF) | 252 |
| 54 Abbott Laboratories | 23, 27 |
| 55 Abbott Laboratories | following page 184 |
| 56 Acme Visible Records, Inc. (HPF) | 219 |
| 57 Airbum, Inc. | 195 |
| 58 Air-Shields, Inc. (HPF) | 32 |
| 59 Allegheny Ludlum Steel Corporation | 101 |
| 60 Aloe Company, A. S. (HPF) | 205 |
| 61 American City Business | 146 |

Key

- | | |
|--|----------|
| 62 American Cystoscope Makers, Inc. | 141 |
| 63 American Gas Association | 28 |
| 64 American Gas Machine Company | 213 |
| 65 American Home Foods | 233 |
| 66 American Hospital Supply Corporation (HPF) | 148, 149 |
| 67 American Hospital Supply Corporation (Baxter) | 5 |
| 68 American Laundry Machinery Company (HPF) | 19, 19 |

Key

- | | |
|--------------------------------------|-----------|
| 69 American-Oleum Tile Company (HPF) | following |
| 70 American Safety Razor Corp. | |
| 71 American Sterilizer Company | |
| 72 American Sterilizer Company | |
| 73 Anchor Brush Company | |
| 74 Angelica Uniform Company | |
| 75 Anco Corporation | |
| 76 Applegate Chemical Company | |
| 77 Armour & Company | |

USE THESE CARDS

(We pay the postage)



These cards are detachable and are provided for the convenience of our subscribers, and those to whom they pass their copies, in obtaining information on products and services advertised in this issue or described in the "What's New" Section. See reverse side.

October, 1956

Please ask the manufacturers, indicated by the numbers I have circled, to send further literature and information provided there is no charge or obligation.

WHAT'S NEW			ADVERTISEMENTS																							
1	2	3	53	54	55	56	57	58	59	60	61	62	63	64	65	66										
4	5	6	67	68	69	70	71	72	73	74	75	76	77	78	79	80										
7	8	9	81	82	83	84	85	86	87	88	89	90	91	92	93	94										
10	11	12	95	96	97	98	99	100	101	102	103	104	105	106	107	108										
13	14	15	109	110	111	112	113	114	115	116	117	118	119	120	121	122										
16	17	18	123	124	125	126	127	128	129	130	131	132	133	134	135	136										
19	20	21	137	138	139	140	141	142	143	144	145	146	147	148	149	150										
22	23	24	151	152	153	154	155	156	157	158	159	160	161	162	163	164										
25	26	27	165	166	167	168	169	170	171	172	173	174	175	176	177	178										
28	29	30	179	180	181	182	183	184	185	186	187	188	189	190	191	192										
31	32	33	193	194	195	196	197	198	199	200	201	202	203	204	205	206										
34	35	36	207	208	209	210	211	212	213	214	215	216	217	218	219	220										
37	38	39	221	222	223	224	225	226	227	228	229	230	231	232	233	234										
40	41	42	235	236	237	238	239	240	241	242	243	244	245	246	247	248										
43	44	45	249	250	251	252	253	254	255	256	257	258	259	260	261	262										
46	47	48	263	264	265	266	267	268	269	270	271	272	273	274	275	276										
49	50	51	277	278	279	280	281	282	283	284																
52																										

NAME	TITLE
INSTITUTION	
ADDRESS	CITY
ZONE	STATE

October, 1956

Please ask the manufacturers, indicated by the numbers I have circled, to send further literature and information provided there is no charge or obligation.

WHAT'S NEW			ADVERTISEMENTS																							
1	2	3	53	54	55	56	57	58	59	60	61	62	63	64	65	66										
4	5	6	67	68	69	70	71	72	73	74	75	76	77	78	79	80										
7	8	9	81	82	83	84	85	86	87	88	89	90	91	92	93	94										
10	11	12	95	96	97	98	99	100	101	102	103	104	105	106	107	108										
13	14	15	109	110	111	112	113	114	115	116	117	118	119	120	121	122										
16	17	18	123	124	125	126	127	128	129	130	131	132	133	134	135	136										
19	20	21	137	138	139	140	141	142	143	144	145	146	147	148	149	150										
22	23	24	151	152	153	154	155	156	157	158	159	160	161	162	163	164										
25	26	27	165	166	167	168	169	170	171	172	173	174	175	176	177	178										
28	29	30	179	180	181	182	183	184	185	186	187	188	189	190	191	192										
31	32	33	193	194	195	196	197	198	199	200	201	202	203	204	205	206										
34	35	36	207	208	209	210	211	212	213	214	215	216	217	218	219	220										
37	38	39	221	222	223	224	225	226	227	228	229	230	231	232	233	234										
40	41	42	235	236	237	238	239	240	241	242	243	244	245	246	247	248										
43	44	45	249	250	251	252	253	254	255	256	257	258	259	260	261	262										
46	47	48	263	264	265	266	267	268	269	270	271	272	273	274	275	276										
49	50	51	277	278	279	280	281	282	283	284																
52																										

NAME	TITLE
INSTITUTION	
ADDRESS	CITY
ZONE	STATE

Page
Company following page 102
r Corporation...185
Company (HFF)... 37
Company (HFF)...145
ay... 850
Company... 96
167
Company (HFF)...185
189

USE THESE CARDS

(We pay the postage)



These cards are detachable and are provided for the convenience of our subscribers, and those to whom they pass their copies, in obtaining information on products and services advertised in this issue or described in the "What's New" Section. See reverse side.

FIRST CLASS
PERMIT NO. 137
SEC. 34.9 P. L. & R.
CHICAGO, ILL.

BUSINESS REPLY CARD
No Postage Stamp Necessary if Mailed in the United States

3 CENT POSTAGE WILL BE PAID BY

THE MODERN HOSPITAL

919 NORTH MICHIGAN AVENUE

CHICAGO 11, ILLINOIS

FIRST CLASS
PERMIT NO. 137
SEC. 34.9 P. L. & R.
CHICAGO, ILL.

BUSINESS REPLY CARD
No Postage Stamp Necessary if Mailed in the United States

3 CENT POSTAGE WILL BE PAID BY

THE MODERN HOSPITAL

919 NORTH MICHIGAN AVENUE

CHICAGO 11, ILLINOIS

Index

Key

- 78 Armstrong Comp
- 79 Armstrong Cork
- 80 Ayerst Laborat
- 81 Ayerst Laborat
- 82 Bard-Parker Co
- 83 Bausch Company
- 84 Bauer & Black (P
- 85 Bauer & Black (N
- 87 Baxter Laborator
- 88 Bay West Paper
- 87 Blickman, Inc., S
- 88 Blickman, Inc., S
- 89 Bloomfield Indust
- 90 Bolls Products I
- 91 Bostons Molding
- 92 Brewer Company
- 93 Brillo Mfg. Comp
- 94 Burroughs Corpor
- 95 Carrom Industries
- 96 Cash, Inc., J & J
- 97 Castle Company,
- 98 Celotex Corporati
- 99 Chamberlin Comp
- (HPP)
- 100 Chicago Molded
- 101 Ciba Pharmaceut
- 102 Cincinnati Metalc
- 103 Cipro Corporation
- 104 Civil Service Com
- 105 Classified Advert
- 106 Clay-Adams Comp
- 107 Glyserol Laborator
- 108 Coca-Cola Comp
- 109 Colgate-Palmolive
- 110 Colson Corporatio
- (HPP)
- 111 Continental Coffe
- 112 Corning Glass W
- 113 Couch Company,
- 114 Crane Company (
- 115 Crescent Surgical
- Inc.
- 116 Crucible Steel Co
- 117 Cumarford Inc.
- 118 Cutter Laborator
- 119 Darnell Corporati
- 120 Davis & Geck, Inc
- 121 Davol Rubber Cor
- 122 Day-Brite Lightin
- 123 Deknatel & Son, I
- 124 Dexter Diaper Pa
- 125 Diack Controls (M
- 126 Dolge Company,
- 127 Don & Company,
- 128 Dor-O-Matic Divis
- 129 Dow Chemical Co
- 130 Duke Mfg. Comp
- 131 Dundee Mills, Inc.
- 132 Du Pont de Nemou
- 133 Eastman Kodak Co
- 134 Edison, Inc., Thom
- 135 Edwards Compan
- 136 Eichenlaub
- 137 Ethicon, Inc. (HPP
- 138 Everest & Jennings
- 139 Finnell System, I
- 140 Fleet Company, I
- 141 Flex-O-Lators, Inc.
- 142 Flex-Straw Corpor
- 143 Formica Corporati
- 144 Fort Howard Paper
- 145 Frick Company
- 146 Geessee Wringer
- 147 General Electric C
- Dept. (HPP)
- 148 General Floorcraft
- 149 General Precast
- 150 General Tire & Rub
- 151 Genetti & Sons, I

Index to Products Advertised—Continued

Page	Key	Page	Key	Page
Company, Inc., Gordon.....	214	133 Glasco Products Company		
Cork Company.....	197	following page 104		
Corporates.....	30	133 Gold Seal Division, Congoleum-		
Corporates.....	147	Nairn, Inc.....	239	
Cor Company, Inc. (HPF).....	196	134 Goodrich Chemical Company, B. F.....	215	
Company (HPF).....	184	135 Grand Rapids Sectional Equipment		
Co. (HPF).....	105	Co. (HPF).....	178	
Co. (HPF).....	176, 177	136 Grinnell Company, Inc. (HPF).....	198	
Corporates.....	5	137 Hall China Company.....	Cover 3	
Copier Company.....	258	138 Hampden Specialty Products, Inc.....	248	
Co. S. (HPF).....	11	139 Harold Supply Corporation.....	182	
Co. S. (HPF).....	119	140 Harvard University Press.....	173	
Industries.....	244	141 Hausted Mfg. Company (HPF).....	1	
Products Division.....	139	142 Heins Company, H. J.....	43	
Iding Company (HPF).....	182	143 Herrick Refrigerator Company (HPF).....	48	
Company, E. F.....	188	144 Hild Floor Machine Co., Inc. (HPF).....	224	
Company.....	165	145 Hill-Rom Company, Inc. (HPF)		
Corporation.....	40	following page 180		
Industries, Inc. (HPF).....	46	146 Hillyard Chemical Company (HPF).....	136	
J & J (HPF).....	260	147 Hobart Mfg. Company.....	117	
Company, Wilmet (HPF).....	44	148 Hothman-Lafliche, Inc.....	113	
Corporation (HPF).....	191	149 Hollister Company, Franklin C.		
Company of America.....	240	(HPF).....	following page 16	
Molded Products Corp.....	151	170 Hudson Oxygen Therapy Sales Co.		
Pharmaceutical Products, Inc.....	20	(HPF).....	152	
Metalcrafts, Inc.....	264	171 Hunter Douglas Corporation.....	18	
Corporation.....	147	172 Huntington Laboratories, Inc. (HPF).....	201	
Commission.....	249	173 Hyland Laboratories.....	140	
Advertising.....	203-222	174 Iford Limited.....	189	
Company, Inc.....	284	175 Institutional Products Corporation.....	230	
Laboratories, Inc. (HPF).....	266	176 International Bronze Tablet Co., Inc.....	268	
Company.....	212	177 International Nickel Company, Inc.....	153	
Malive Company.....	255	178 Iron Fireman Mfg. Company.....	143	
Corporation.....	following page 48	179 Jewett Refrigerator Company, Inc.		
Coffee Company.....	116	(HPF).....	246	
Glass Works.....	170	180 Johns-Manville.....	237	
Inc., S. H.....	128, 127	181 Johnson & Johnson.....	following page 152	
pany (HPF).....	14, 15	182 Johnson Service Company (HPF).....	Cover 2	
Surgical Sales Company.....	158	183 Kansas City White Goods Mfg.		
Steel Company of America.....	29	Company.....	264	
Inc.....	241	184 Kellogg Switchboard & Supply		
Laboratories.....	97	Company.....	172	
Corporation, Ltd. (HPF).....	138	185 Kentile, Inc.....	221	
Co., Inc. (HPF).....	99	186 Kenwood Mills (HPF).....	244	
er Company.....	253	187 Ketchum, Inc. (HPF).....	200	
ighting, Inc.....	261	188 Kewanee Boiler Division.....	24, 25	
Son, Inc., J. A.....	204	189 Kilian Mfg. Corporation.....	220	
er Factory.....	250	190 Kraft Foods Company.....	131	
ols (HPF).....	12	191 Kraft Foods Company.....	179	
pany, C.B.....	242	192 Lamson Corporation.....	164	
pany, Edward.....	280	193 Lilly & Company, Eli.....	3	
Division.....	222	194 Linde Air Products Co., A Div. of		
al Company.....	228	Union Carbide & Carbon Corp.		
Company.....	236	(HPF).....	following page 105	
s, Inc.....	282	195 Lurline Products Company.....	166	
Nemours & Co., Inc., E. I.....	129	196 McBee Company.....	187	
odak Company.....	189	197 McKeenon Appliance Company.....	175	
Thomas A.....	254	198 Marshall & Stevens.....	252	
Company, Inc.....	265	199 Massengill Company, S. E.....	8	
.....	219	200 Mawillon Rubber Company.....	174	
(HPF).....	following page 168	201 Mastie Tile Corporation of America.....	131	
ennings.....	8	202 Maysteel Products, Inc. (HPF).....	229	
tem, Inc. (HPF).....	125	203 Mealpack Corporation (HPF).....	237	
pany, Inc., C. B.....	21	204 Meals-On-Wheels-Crimaco (HPF).....	166	
s, Inc.....	112	205 Meals-On-Wheels-Crimaco (HPF).....	264	
Corporation (HPF).....	161	206 Minneapolis-Honeywell Regulator		
Corporation.....	following page 18	Co.....	156, 157	
Paper Company.....	133	207 Minnesota Mining & Mfg. Company.....	33	
any.....	268	208 Multi-Clean Products, Inc.....	267	
ranger, Inc.....	180	209 Natee Corporation (HPF).....	243	
Electric Company, X-Ray		210 National Cylinder Gas Company		
(HPF).....	48	(HPF).....	following page 48	
Aircraft, Inc.....	245	211 National Hotel Exposition.....	256	
Precision Laboratory Inc.....	228	212 Nelson Company, Inc., A. H. (HPF).....	8	
& Rubber Company.....	41	213 Norris Dispensers, Inc.....	163	
ons, Inc.....	248	214 Oakite Products, Inc.....	10	
		215 Ohio Chemical & Surgical Equipment		
		Company (HPF).....	17	
		216 Ocan & Sons, Inc., D. W. (HPF).....	184	
		217 Otis Elevator Company.....	36, 38	
		218 Parks, Davis & Company.....	103	
		219 Patterson Parchment Paper Company.....	144	
		220 Penn Metal Corporation of Penna.....	196	
		221 Pfizer Laboratories Div. of Chem.		
		Pfizer & Co., Inc.....	108	
		222 Physicians & Hospitals Supply Co.		
		Inc. (HPF).....	230	
		223 Pittsburgh Plate Glass Company		
		following page 48		
		224 Plastics Manufacturing Company.....	283	
		225 Plymouth Rubber Co., Inc. (HPF).....	210	
		226 Polar Ware Company (HPF).....	247	
		227 Potter Fire Escape Company.....	180	
		228 Pratt & Lambert, Inc.....	168	
		229 Presso Company, Inc. (HPF)		
		following page 128		
		230 Puritan Compressed Gas Corp.		
		(HPF).....	233	
		231 Quaker Oats Company.....	239	
		232 Quicap Company, Inc.....	222	
		233 Raytheon Manufacturing Company.....	202	
		234 Remington Rand Inc.....	183	
		235 Ritter Company, Inc. (HPF).....	101	
		236 Rixson Company, Oscar C. (HPF).....	225	
		237 Rolacreen Company.....	188	
		238 Royal Lace Paper Works, Inc.....	123	
		239 Savory Equipment Inc. (HPF).....	130	
		240 Schrader's Son, A.....	23	
		241 Seamless Rubber Company (HPF).....	7	
		242 Seven Up Company.....	232	
		243 Sexton & Company, John.....	115	
		244 Shamaine Company (HPF).....	45	
		245 Simmons Company (HPF)		
		following page 168		
		246 Sinder Corporation.....	236	
		247 Sloan Valve Company.....	Cover 4	
		248 Smith, Kline & French Laboratories		
		following page 31		
		249 Smith, Kline & French Laboratories		
		following page 31		
		250 Smith & Nephew, Inc.....	111	
		251 Smith & Underwood (HPF).....	12	
		252 Southern Equipment Company.....	162	
		253 Speed Queen Corporation.....	216	
		254 Spencer Turbine Company.....	180	
		255 Spino Division of Beckman		
		Instrument Inc.....	234	
		256 Squibb & Sons, Div. of Mathieson		
		Chemical Corp., E. H.....	169	
		257 Steele-Harrison Mfg. Company		
		following page 16		
		258 Sticht Company, Inc., Herman H.....	206	
		259 Straus-Duparquet, Inc., Wathan.....	256	
		260 Swartzbaugh Mfg. Company (HPF).....	171	
		261 Taylor Company, Halsey W.....	180	
		262 Thonet Industries, Inc.....	211	
		263 Tile-Tex Division (HPF).....	193	
		264 Torrington Company.....	237	
		265 Travenol Laboratories, Inc.....	209	
		266 Union Carbide & Carbon Corp.		
		Linde Air Products Co.		
		following page 105		
		267 United Floor Machine Company, Inc.....	218	
		268 United States Bronze Sign Co.		
		Inc. (HPF).....	214	
		269 U. S. Hoffman Machinery Corp. (HPF).....	251	
		270 U. S. Industrial Chemicals Co. (HPF)		
		following page 82		
		271 Upjohn Company.....	155	
		272 Uvalde Rock Asphalt Company (HPF).....	217	
		273 Vestal, Inc.....	142	
		274 Victory Metal Mfg. Corp.....	184	
		275 Vogt Machine Company, Henry.....	23	
		276 Walrus Mfg. Company.....	224	
		277 Ward, Freshman and Reinhardt,		
		Inc. (HPF).....	following page 188	
		278 Washington Steel Company.....	207	
		279 Weck & Company, Inc., Edward		
		following page 82		
		280 Westinghouse Electric Corporation.....	167	
		281 White Map Wriquer Company (HPF).....	206	
		282 Will-Mark Company.....	262	
		283 Wilmet Castle Company.....	44	
		284 Wilson Rubber Company.....	31	
		285 Winthrop Laboratories Inc.....	24, 25	
		286 Wyeth Incorporated.....	13	
		287 Zimmer Manufacturing Company		
		(HPF).....	154	



Right:
Municipal
offices
cooled with
Frick Unit
Conditioners

5-Hp. Unit serving three rooms.



Air Conditioning -

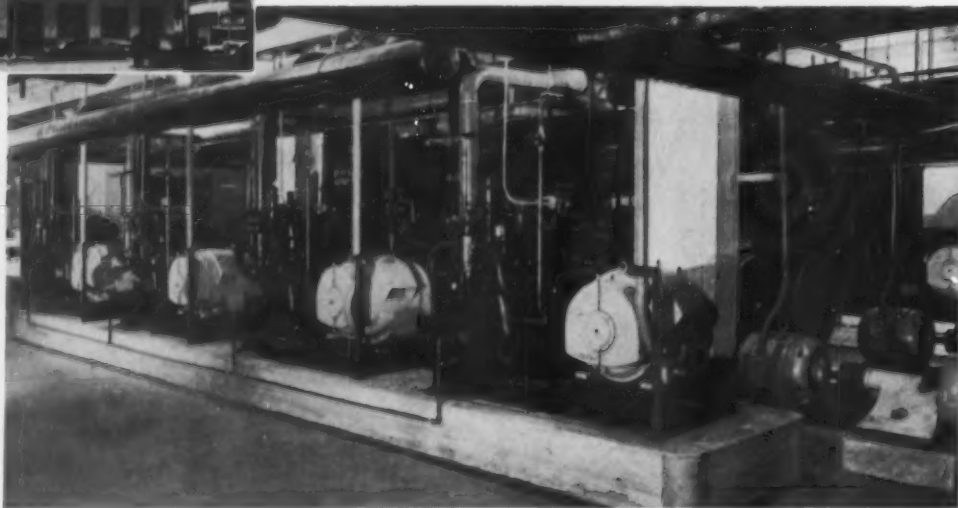
Packaged Units or Central Systems

From a 3-hp. unit to a plant requiring thousands of tons of refrigeration is a long step, but they're both included in Frick-engineered air conditioning.

Built into Frick systems are 50 years' experience in air conditioning, nearly 75 in refrigeration, and over 100 in engineering. Nowhere else can you get this unique combination of experience and complete service. Ask for estimates today: write



The two 11-story buildings of the American National Insurance Co., at Galveston, are air conditioned by the multiplicity of 75-hp. "ECLIPSE" compressors shown at right. Thousands of fine buildings are Frick-equipped.



CONTROL YOUR FOOD COSTS...



ROUND CASSEROLE

**SERVE
UNIFORM
PORTIONS**
in

HALL
Secret Process
FIREPROOF CHINA
AVAILABLE IN 26 BEAUTIFUL COLORS

Hall Casseroles make portion control automatic. The capacity of the dish guarantees a uniform serving to each guest . . . you can determine costs and set menu prices with accuracy. Recipes served in Hall China look and taste better. . . and can be sold at better prices. Write for Bulletin SM-1.

THE HALL CHINA COMPANY • EAST LIVERPOOL, OHIO
The World's Largest Manufacturer of Fireproof Cooking China

ALSO AVAILABLE!
HALL CHINA
METAL-CLAD...by PLATECRAFT®

Secret Process HALL CHINA plated with lustrous nickel-chrome by a secret process.

Write for Bulletin MC-65



OVAL CASSEROLE—HANDLED

OVAL FISH CASSEROLE

NEW YORK CASSEROLE

INDIVIDUAL STEW POT—HANDLED

THE VAST MAJORITY OF THE NATION'S FINE BUILDINGS ARE SLOAN EQUIPPED

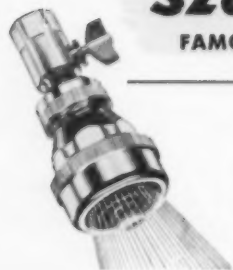
GEORGE L. DAHL
architect & engineer
R. P. FARNSWORTH & CO.
general contractor
C. WALLACE PLUMBING CO.
plumbing contractor
SOUTHLAND SUPPLY CO.
plumbing wholesaler



DALLAS TO BE HOST TO MULTITUDES

• Culminating many years of planning, Dallas, Texas, can soon provide convention facilities which will have few rivals. They will also accommodate local events of many kinds. Its new, spectacular Memorial Auditorium will be in two major sections. The largest unit will be the circular, domed arena which will seat 7600 persons in permanent seats, plus 2400 in portable seats on the arena floor, all of them facing a removable stage. Acoustical control is effected by a sus-

pended ceiling which also supports the heating, cooling and lighting systems. There are no columns to obstruct the view. A connecting unit contains a theatre seating 2000, a large foyer and ten meeting rooms which can seat from 40 to 300 persons. Below the major units is over 90,000 square feet of exhibition space. The specifying of SLOAN Flush VALVES for these buildings, where multitudes will gather, is assurance of efficiency, durability and economy.



SLOAN *Flush* **VALVES** FAMOUS FOR EFFICIENCY, DURABILITY, ECONOMY

—SLOAN VALVE COMPANY • CHICAGO • ILLINOIS—

Another achievement in efficiency, endurance and economy is the SLOAN Act-O-Matic SHOWER HEAD, which is automatically self-cleaning each time it is used! No clogging. No dripping. Architects specify, and Wholesalers and Master Plumbers recommend the Act-O-Matic—the better shower head for better bathing.

Write for completely descriptive folder

